

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CHRISTOPHER ALLEN PRIDMORE
(AIS #139858),

*

*

Plaintiff,

*

V.

2:06-CV-778-MEF

*

GWENDOLYN MOSLEY, et al.,

*

Defendants.

*

SPECIAL REPORT OF DEFENDANTS JEAN DARBOUZE, M.D.
AND KAY WILSON, R.N., H.S.A.

COME NOW the Defendants, Jean Darbouze, M.D. and Kay Wilson, R.N., H.S.A. in response to this Honorable Court's Order and present the following Special Report with regard to this matter:

I. INTRODUCTION

The Plaintiff, Christopher Pridmore (AIS# 139858) is an inmate confined at Easterling Correctional Facility located in Clio, Alabama. On August 30, 2006, Pridmore filed a Complaint against Jean Darbouze, M.D., the Medical Director for Easterling Correctional Facility and Kay Wilson, R.N., H.S.A., Easterling's Health Services Administrator, alleging that they have refused to provide him with appropriate treatment for left knee pain on August 8, 2006. (See Complaint). Mr. Pridmore also claims that he has not received appropriate soap for his diabetic condition.¹ (Id.) The Plaintiff requests

¹ While Dr. Darbouze is named as a Defendant in the heading of the Plaintiff's Complaint, the Plaintiff alleges claims in the body of his Complaint against a "Dr. Banajee." Dr. Darbouze is never discussed in the body of the Complaint. There are no claims whatsoever made against Nurse Wilson. For purposes of this

that this Court enter an Order forcing the Alabama Department of Corrections to transfer him to another correctional facility. (Id.)

As directed, the Defendants have undertaken a review of Plaintiff Pridmore's claims to determine the facts and circumstances relevant thereto. At this time, the Defendants are submitting this Special Report, which is supported by a Certified Copy of Plaintiff Pridmore's medical records (attached hereto as Exhibit "A"), the Affidavit of Jean Darbouze, M.D. (attached hereto as Exhibit "B"), and the Affidavit of Kay Wilson, R.N., H.S.A. (attached hereto as Exhibit "C"). These evidentiary materials demonstrate that Plaintiff Pridmore has been provided appropriate medical treatment for his medical complaints at all times, and that the allegations in his Complaint are without merit.

II. NARRATIVE SUMMARY OF FACTS

At all pertinent times, Christopher Pridmore (AIS# 139858) has been incarcerated as an inmate at Easterling Correctional Facility. (See Exhibits "A" & "B"). Pridmore has been seen and evaluated by Easterling's medical or nursing staff, and has been referred to an appropriate care provider and given appropriate care, each time he has registered any health complaints at Easterling. (Id.)

Mr. Pridmore has made an allegation in this matter that Dr. Darbouze failed to provide him with appropriate medical treatment on August 8, 2006 by refusing to provide him with a "bottom bunk" profile for an alleged left knee injury. (See Complaint). He further claims that Dr. Darbouze has failed to treat him appropriately by not providing him with special hydrating soap which he believes is indicated for treatment of his skin due to diabetes. (Id.) Mr. Pridmore's claims in this regard are completely unfounded as

Special Report, Dr. Darbouze assumes those claims made against Dr. Banajee are brought against him as well.

this inmate has been provided appropriate medical care for his conditions at all times. (See Exhibits “A” & “B”).

On August 8, 2006, Mr. Pridmore presented to the infirmary with complaints for left knee pain. (Id.) At that time, Mr. Pridmore indicated that he injured his left knee in 2001--five years earlier--while working on a farm. (Id.) He requested a “bottom bunk” profile. (Id.) Dr. Darbouze subsequently evaluated Mr. Pridmore and determined that his knee was in good condition. (Id.) Specifically, there was no deformity, tenderness or pain noted. (Id.) He had full range of motion with no instability. (Id.) As a precaution, however, Dr. Darbouze ordered Mr. Pridmore a left knee x-ray. (Id.)

Mr. Pridmore’s x-ray was conducted on August 9, 2006. (Id.) The x-ray showed no evidence of fracture or any other significant bony abnormality. (Id.) Overall, the x-ray represented a negative study. (Id.) A “bottom bunk” profile is not indicated for treatment of Mr. Pridmore’s medical condition. (Id.) Moreover, Mr. Pridmore is a diabetic. (Id.) He is routinely treated and evaluated for this condition. (Id.) Special hydrating soaps are not medically indicated for Mr. Pridmore’s condition. (Id.) Mr. Pridmore has access to those items necessary to maintain proper hygiene. (Id.)

All of Mr. Pridmore’s medical conditions and complaints have been evaluated and treated in a timely and appropriate fashion. (See Exhibit “B”). Mr. Pridmore has been seen and evaluated by the medical or nursing staff, and he has been referred to an appropriate care provider and given appropriate care, each time he has registered any health complaints at Easterling Correctional Facility. (Id.)

At all times, the Defendants have exercised the same degree of care, skill, and diligence as other similarly situated health care providers would have exercised under the

same or similar circumstances. (Id.) In other words, the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate. (Id.)

At no time have the Defendants denied Mr. Pridmore any needed medical treatment, nor have they ever acted with deliberate indifference to any serious medical need of Mr. Pridmore. (Id.) At all times, Mr. Pridmore's medical complaints and conditions have been addressed as promptly as possible under the circumstances. (Id.)

III. DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

1. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.
2. The Defendants plead not guilty to the charges in the Plaintiff's Complaint.
3. The Plaintiff's Complaint fails to state a claim against the Defendants for which relief can be granted.
4. The Defendants affirmatively deny any and all alleged claims by the Plaintiff.
5. The Plaintiff is not entitled to any relief requested in the Complaint.
6. The Defendants plead the defense of qualified immunity and aver that the actions taken by the Defendants were reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.

7. The Defendants are entitled to qualified immunity and it is clear from the face of the Complaint that the Plaintiff has not alleged specific facts indicating that the Defendants have violated any clearly established constitutional right.

8. The Defendants cannot be held liable on the basis of respondeat superior, agency, or vicarious liability theories.

9. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.

10. The allegations contained in the Plaintiff's Complaint against the Defendants sued in their individual capacities, fail to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).

11. The Defendants plead all applicable immunities, including, but not limited to qualified, absolute, discretionary function immunity, and state agent immunity.

12. The Defendants aver that they were at all times acting under color of state law and, therefore, they are entitled to substantive immunity under the law of the State of Alabama.

13. The Defendants plead the general issue.

14. This Court lacks subject matter jurisdiction due to the fact that even if the Plaintiff's allegations should be proven, the allegations against the Defendants would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights. See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).

15. The Plaintiff's claims against the Defendants in their official capacities are barred by the Eleventh Amendment to the United States Constitution.

16. Alabama law provides tort and other remedies for the allegations made by the Plaintiff herein and such remedies are constitutionally adequate.

17. The Defendants plead the defense that at all times in treating Plaintiff they exercised the same degree of care, skill, and diligence as other physicians and nursing staff would have exercised under similar circumstances and that at no time did they act toward the Plaintiff with deliberate indifference to a serious medical need.

18. The Defendants plead the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions alleged to render it liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).

19. The Defendants plead the affirmative defenses of contributory negligence and assumption of the risk.

20. The Defendants plead the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.

21. The Defendants plead the affirmative defense that they are not responsible for the policies and procedures of the Alabama Department of Corrections.

22. The Defendants plead the affirmative defense that the Plaintiff has failed to mitigate his own damages.

23. The Defendants plead the affirmative defense that they are not guilty of any conduct which would justify the imposition of punitive damages against them and that any such award would violate the United States Constitution.

24. The Defendants adopt and assert all defenses set forth in the Alabama Medical Liability Act § 6-5-481, et seq., and § 6-5-542, et seq.

25. The Plaintiff has failed to exhaust his administrative remedies as mandated by the Prison Litigation Reform Act amendment to 42 U.S.C. § 1997e(a). The Plaintiff has failed to pursue the administrative remedies available to him. See Cruz v. Jordan, 80 F. Supp. 2d 109 (S.D. N.Y. 1999) (claims concerning Defendant's deliberate indifference to a medical need is an action "with respect to prison conditions" and is thus governed by exhaustion requirement).

26. The Prison Litigation Reform Act amendment to 42 U.S.C. § 1997(e)(c) mandates the dismissal of Plaintiff's claims herein as this action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks money damages from the Defendants who are entitled to immunity.

27. The Plaintiff's claims are barred by the Prison Litigation Reform Act of 1995, 42 U.S.C. §1997(e).

28. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing in forma pauperis actions in federal court.

29. Pursuant to 28 U.S.C. § 1915 A, this Court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendants who are state officers entitled to immunity as provided for in 42 U.S.C. § 1997 (e)(c).

30. The Defendants assert that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and requests this Court

pursuant to 42 U.S.C. § 1988 to award these Defendants reasonable attorney's fees and costs incurred in the defense of this case.

31. The Plaintiff's claims are moot because the events which underlie the controversy have been resolved. See Marie v. Nickels, 70 F., Supp. 2d 1252 (D. Kan. 1999).

IV. ARGUMENT

A. The Plaintiff has failed to prove that the Defendants acted with deliberative indifference to any serious medical need.

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002), (citing, Hishon v. King & Spalding, 467 U.S. 69, 73, (1984). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Pridmore's medical records reveals that Pridmore has been given appropriate medical treatment at all times. (See Exhibits "A" & "B"). All of the allegations contained within Pridmore's Complaint are either inconsistent with his medical records, or are claims for which no relief may be granted. (Id.) Therefore, Pridmore's claims against the Defendants are due to be dismissed.

In order to state a cognizable claim under the Eighth Amendment, Pridmore must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d 1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp.

2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Pridmore must allege and prove that he suffered from a serious medical need, that the Defendants were deliberately indifferent to his needs, and that he suffered harm due to deliberate indifference. See Marsh v. Butler County, 268 F.3d 1014, 1058 (11th Cir. 2001) and Palermo, 148 F. Supp. 2d at 1342. “Neither inadvertent failure to provide adequate medical care nor a physician's negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment.” Id. (citations omitted).

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates' serious medical conditions does not rise to the level of a constitutional violation. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11th Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

The Defendants may only be liable if they had knowledge of Pridmore's medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Obviously, Pridmore cannot carry his burden. The evidence submitted with this Special Report clearly shows that the Defendants did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. The evidence demonstrates, to the contrary, that appropriate standards of care

were followed at all times. (Id.) These facts clearly disprove any claim that the Defendants acted intentionally or recklessly to deny treatment or care.

The Defendants are, further, entitled to qualified immunity from all claims asserted by Pridmore in this action. There is no argument that the Defendants were not acting within the scope of their discretionary authority. See Eubanks v. Gerwen, 40 F. 3d 1157, 1160 (11th Cir. 1994); see also Jordan v. Doe, 38 F. 3d 1559, 1566 (11th Cir. 1994). Because the Defendants have demonstrated that they were acting within the scope of their discretionary authority, the burden shifts to Pridmore to show that the Defendants violated clearly established law based upon objective standards. Eubanks, 40 F. 3d at 1160. The Eleventh Circuit requires that before the Defendants' actions can be said to have violated clearly established constitutional rights, Pridmore must show that the right allegedly violated was clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F.2d 1271, 1273 (11th Cir. 1989), aff'd in pertinent part, rev'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11th Cir. 1989).

The Eleventh Circuit further requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. See Brescher v. Von Stein, 904 F.2d 572, 579 (11th Cir. 1990) (quoting, Anderson v. Creighton, 483 U.S. 635, 640, (U. S. 1987)). The question that must be asked is whether the state of the law in 2006 gave the Defendants fair warning that the

alleged treatment of Pridmore was unconstitutional. Hope v. Pelzer, 536 U.S. 730, 741 (U.S. 2002).

Therefore, to defeat summary judgment, Pridmore must be able to point to cases with “materially similar” facts, within the Eleventh Circuit, that would alert the Defendant to the fact that its practice or policy violates his constitutional rights. See Hansen v. Soldenwagner, 19 F.3d 573, 576 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must “dictate, that is truly compel (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances.” Lassiter v. Alabama A & M Univ., Bd. of Trustees, 28 F. 3d 1146, 1151 (11th Cir. 1994). The Defendants submit that there is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Courts sitting within the Eleventh Circuit showing that, under the facts of this case, it was clearly established that these alleged actions violated Pridmore’s constitutional rights. All of Pridmore’s medical needs have been addressed or treated. (See Exhibits “A” & “B”). The Defendants have provided Pridmore with appropriate medical care at all times and he has received appropriate nursing care as indicated for treatment of his condition.

B. The Plaintiff failed to exhaust his administrative remedies prior to filing suit in violation of the Prison Litigation Reform Act (PLRA).

Congress enacted the Prison Litigation Reform Act of 1995 (PLRA), 110 Stat. 1321-71, as amended, 42 U.S.C. § 1997e et seq., in 1996 in the wake of a sharp rise in prisoner litigation in the federal courts. See, e.g., Alexander v. Hawk, 159 F.3d 1321,

1324-1325 (CA11 1998) (citing statistics).² The PLRA was enacted in attempts to eliminate unwarranted federal-court interference with the administration of prisons, and thus, to "afford corrections officials time and opportunity to address complaints internally before allowing the initiation of a federal case." Nussle, 534 U.S., at 525, 122 S. Ct. 983, 152 L. Ed. 2d 12. See also Booth, 532 U.S., at 739, 121 S. Ct. 1819, 149 L. Ed. 2d 958. The PLRA was also designed to "reduce the quantity and improve the quality of prisoner suits." Nussle, *supra*, at 524, 122 S. Ct. 983, 152 L. Ed. 2d 12.

A centerpiece of the PLRA's effort "to reduce the quantity . . . of prisoner suits" is an "invigorated" exhaustion provision. See § 1997e(a), and Porter v. Nussle, 534 U.S. 516, 524, 122 S. Ct. 983, 152 L. Ed. 2d 12 (2002).³ Specifically, the PLRA provides that prisoners may not file suit in Federal court for complaints regarding prison conditions unless they have first fully extinguished all administrative remedies available. Specifically,

No action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." § 1997e (a) (2000 ed.) (emphasis added).

Id. Courts have determined that under the PLRA, exhaustion of administrative remedies is no longer left to the discretion of the district court, but is mandatory. See Booth v.

² The PLRA contains a variety of provisions designed to bring inmate litigation under control. See, e.g., § 1997e(c) (requiring district courts to weed out prisoner claims that clearly lack merit); § 1997e(e) (prohibiting claims for emotional injury without prior showing of physical injury); § 1997e(d) (restricting attorney's fees).

³ Requiring proper exhaustion gives prisoners an effective incentive to make full use of the prison grievance process and accordingly provides prisons with a fair opportunity to correct their own errors. This is particularly important in relation to state corrections systems because it is "difficult to imagine an activity in which a State has a stronger interest, or one that is more intricately bound up with state laws, regulations, and procedures, than the administration of its prisons." Preiser v. Rodriguez, 411 U.S. 475, 491-492, 93 S. Ct. 1827, 36 L. Ed. 2d 439 (1973).

Churner, 532 U.S. 731, 739, 121 S. Ct. 1819, 149 L. Ed. 2d 958 (2001) (emphasis added).

42 USC § 1997e states:

(c) Dismissal

- (1) The court shall on its own motion or on the motion of a party dismiss any action brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility if the court is satisfied that the action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks monetary relief from a defendant who is immune from such relief.

Id. (emphasis added).

In order to avoid dismissal, prisoners must exhaust all "available" remedies, not just those that meet federal standards. Moreover, exhaustion of available administrative remedies is required for any suit challenging prison conditions, not just for suits under § 1983. See Nussle, supra, at 524, 122 S. Ct. 983, 152 L. Ed. 2d 12. See Pozo v. McCaughtry, 286 F.3d 1022, 1025 (CA7) ("To exhaust remedies, a prisoner must file complaints and appeals in the place, and at the time, the prison's administrative rules require"), cert. denied, 537 U.S. 949, 123 S. Ct. 414, 154 L. Ed. 2d 293 (2002); Ross v. County of Bernalillo, 365 F.3d 1181, 1185-1186 (CA10 2004) (same); Spruill v. Gillis, 372 F.3d 218, 230 (CA3 2004) (same); Johnson v. Meadows, 418 F.3d 1152, 1159 (CA11 2005) (same).

A prisoner's lack of knowledge regarding the existence of the procedure does not relieve his/her responsibility to exhaust administrative remedies, and failure of officials to provide grievance forms is not a legitimate defense. See Abney v. McGinnis, 380 F. 3d 663 (2nd Cir. 2004). So long as the prisoner has access to writing material and officials do not interfere with the procedure, the process must be followed to conclusion before suit is filed. Id.

As relevant to the case at bar, PHS⁴ has established a simple three-step procedure for identifying and addressing inmate grievances at Easterling Correctional Facility. (See Exhibit “C”). If an inmate has a grievance regarding a healthcare issue he must submit to the healthcare unit an “Inmate Request Slip.” (Id.) These are standard forms that may be requested from an inmate’s supervising officer in his dormitory. (Id.) The inmate request slip allows an inmate to communicate any healthcare related concern by placing the request slip in the sick call box or mailbox to be forwarded to the healthcare unit. (Id.) Easterling’s Health Services Administrator, Kay Wilson, R.N., H.S.A., subsequently reviews the request and responds accordingly via in-house mail. (Id.)

If an inmate is unsatisfied with H.S.A. Wilson’s response, he may request an “Inmate Grievance” form from the healthcare unit. (Id.) This form allows an inmate to again voice his concerns relating to the healthcare issue addressed with the inmate request slip. (Id.) H.S.A. Wilson again responds to the inmate via in-house mail. (Id.)

If the inmate is still unsatisfied with Nurse Wilson’s response, he may request from the healthcare unit an “Inmate Grievance Appeal” form. (Id.) This form is again submitted to H.S.A. Wilson and represents the final step of the appeal process. (Id.) After an inmate submits an inmate grievance appeal, H.S.A. Wilson will meet with the inmate face-to-face in a final attempt to address his concerns verbally. (Id.)

The Plaintiff, Christopher Pridmore, has filed suit in this matter alleging that Dr. Darbouze has failed to provide him with appropriate treatment for left knee pain on August 8, 2006. (See Complaint). Mr. Pridmore further claims that he has not received appropriate soap for his diabetic condition. (Id.) However, Mr. Pridmore has failed to

⁴ Prison Health Services, Inc. (PHS) is the company that currently contracts with the Alabama Department of Corrections to provide healthcare to inmates at Easterling. Dr. Darbouze and Nurse Wilson are PHS employees.

exhaust Easterling's informal grievance procedure relating to the receipt of medical care for this alleged condition. (See Exhibit "C"). Specifically, as relevant to his Complaint, Mr. Pridmore has failed to submit any of the documents comprising PHS' informal grievance procedure. (Id.) As such, the healthcare unit at Easterling has not been afforded an opportunity to resolve Mr. Pridmore's medical complaints prior to filing suit. (Id.)

Since Mr. Pridmore has failed to extinguish those administrative remedies available for him at Easterling, the Prison Litigation Reform Act of 1995 (PLRA) demands that the Plaintiff's lawsuit be dismissed.

V. CONCLUSION

The Plaintiff's Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff's requests for relief are without merit. The Defendants have demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material facts relating to a constitutional violation, and that they are, therefore, entitled to a judgment in their favor as a matter of law. The Plaintiff's submissions clearly fail to meet his required burden. Moreover, since the Plaintiff failed to exhaust those administrative remedies available to him at Easterling prior to filing suit, this case is due to be dismissed pursuant to the PLRA.

Accordingly, the Defendants request that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment and that this Honorable Court either dismiss the Plaintiff's Complaint, with prejudice, or enter a judgment in their favor.

Respectfully submitted,

s/L. Peyton Chapman, III
Alabama State Bar Number CHA060
s/R. Brett Garrett
Alabama State Bar Number GAR085
Attorneys for Jean Darbouze, M.D.
and Kay Wilson, R.N., H.S.A.

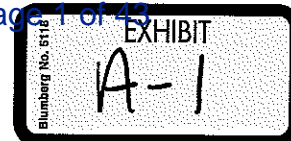
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CERTIFICATE OF SERVICE

I hereby certified that I have mailed via U.S. mail, properly addressed and first-class postage prepaid, the foregoing document this 17th day of October, 2006, to the following:

Christopher Allen Pridmore (AIS# 139858)
Easterling Correctional Facility
P.O. Box 10
Clio, AL 36017

s/R. Brett Garrett
Alabama State Bar Number GAR085
Attorney for Jean Darbouze, M.D.
and Kay Wilson, R.N., H.S.A.



AFFIDAVIT

STATE OF ALABAMA)

Barbour COUNTY)

I, Beth H Long, hereby certify and affirm that I am a Medical Records Clerk, at Easterling Correctional Facility; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Christopher Pridemore, AIS# 139858A; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Prison Health Service; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 20th day of September, 2006.

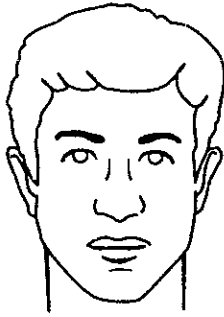
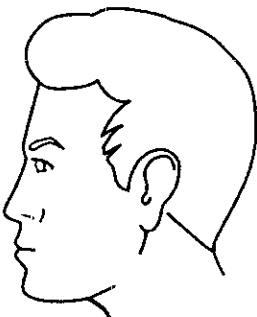
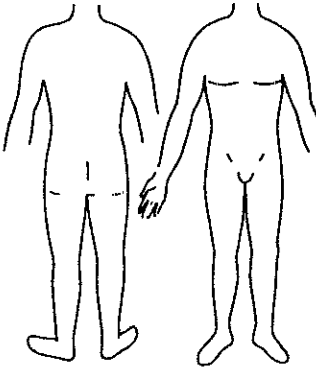
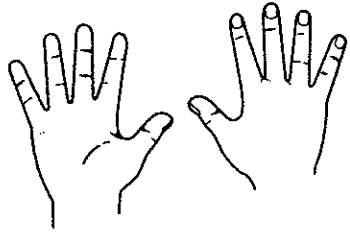
Beth H Long

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

20 Day of September, 2005.6

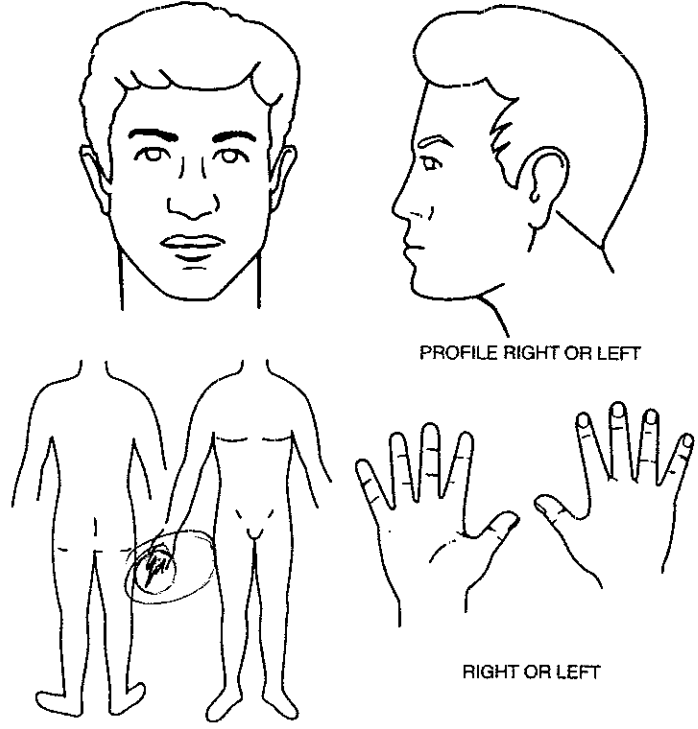
Sean O. Faulk
Notary Public
Aug 26, 2007
My Commission Expires

EMERGENCY

ADMISSION DATE 9/14/06		TIME 6:46 AM PM	ORIGINATING FACILITY <u>Easterling</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																									
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DIAGNOSIS																														
INSTRUCTIONS TO PATIENT																														
DISCHARGE DATE 9/14/06		TIME 6:50 AM PM	RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																									
NURSE'S SIGNATURE M. Moore		DATE 9/14/06	PHYSICIAN'S SIGNATURE [Signature]		DATE 9/14/06																									
INMATE NAME (LAST, FIRST, MIDDLE) Pridmore, Christopher			DOC# 139858	DOB [Redacted]	R/S W/M	FAC ELF																								



EMERGENCY

ADMISSION DATE 8/30/06		TIME 3:45 PM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input checked="" type="checkbox"/> ECT		<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT			
ALLERGIES NKDA			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA					
VITAL SIGNS: TEMP 98.2		ORAL RECTAL	RESP 20	PULSE 78	B/P 120/40	RECHECK IF SYSTOLIC <100> 50		
NATURE OF INJURY OR ILLNESS 5" laceration on 9 can 10" w/m ambulatory to HCA Alert oriented x3 laceration to middle finger approx 1/2 can dried blood noted inside of glove. Cleaned with soap and water. Applied steri- strip. Covered with bandaid. tetanus up to date.			ABRASION ///		CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES
			 <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>					
PHYSICAL EXAMINATION A. potential for infection			ORDERS / MEDICATIONS / IV FLUIDS				TIME	BY
INSTRUCTIONS TO PATIENT								
DISCHARGE DATE 8/30/06			TIME 4:00 PM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE S. Baker R		DATE	PHYSICIAN'S SIGNATURE [Signature]		DATE 8/30/06	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE) Pridmore, Christopher				DOC# 139858	DOB [Redacted]	R/S W/m	FAC ECT	

STITUTIONAL EYE CARE

P.O. Box 390
Lewisburg, PA 17837
(570) 523-3493
FAX (570) 524-2817

PATIENT		PRIDEMORE, CHRISTOPHER		DATE		7/21/2006	
NUMBER		139858		EST			
				INSTITUTION		EASTERLING CORRECTIONAL	
	SPHERE	CYLINDER	AXIS	PRISM	BASE		
OD	0.00	0.00	0	0			
OS	0.00	0.00	0	0			
	ADD	HEIGHT	DIST PD	NEAR PD			
OD	1.00	3	66	63			
OS	0.00	0	0	0			
LENS COLOR/COATINGS Clear							
FRAME	NICK	STYLE	FRAME COLOR		GREY		
EYE SIZ	52	DROP BALL	FINAL INSPECTION				

LENSES: \$9.86

FRAME: \$3.49

OVERSIZE: \$0.00

TINT/PGX:

POLYCARB: \$0.00

DIOPTERS:

PRISM: \$0.00

CASE:

OTHER:

S/H: \$1.85

TOTAL DUE (\$): \$15.20

VISION SAFETY NOTICE:

- Your lenses meet or exceed American National Standard Z80.1 and FDA requirement 21CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from, polycarbonate is the most impact resistant.

- If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the pieces of broken lens can cause the lenses or spectacle frame to contact the face shield.

* The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

- If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Chris Pridemore 6A38 139858
(Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- () Splint
☒ Eyeglasses
 () Dentures
 () Prothesis describe _____
 () Wheelchair
 () Cane
 () Crutches
 () Other describe _____

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Chris Pridemore 139858 7/28/06
(Inmate) (Date)
Chris Pridemore Rmt 7/28/06
(Witness) (Date)

INMATE NAME (LAST FIRST MIDDLE)	DOC#	DOB	R/S	FAC
Pridemore, Chris	139858	[REDACTED]	W/M	East



RELEASE OF RESPONSIBILITY

Inmate's Name: Chris Pridmore

Date of Birth: [REDACTED] Social Security No.: [REDACTED]

Date: 7/25/06 Time: 9:25 AM
P.M.

This is to certify that I, Chris Pridmore, currently in
(Print Inmate's Name)
custody at the Easterling, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: Sick call 7/25/06
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Chris Pridmore 7/25/06
(Signature of Inmate)**

[Signature]
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

PRISON HEALTH SERVICES
Alabama Department of Corrections
KOP Medication Protocol

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker
2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not too many left, not too few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-compliant in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
5. Once we have established the program, others will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
6. We will not place just anyone on KOP. The individual must have past history evaluated first. This program will not include out-patient or inpatient mental health inmates.
7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature:

Chris Pridmore

AIS#:

139858

Nurse Signature:

Robert S. Pridmore - christoph

Date:

7-1-06



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Christopher Pridmore 139858
(Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- () Splint
 () Eyeglasses
 () Dentures
 () Prosthesis describe _____
 () Wheelchair
 () Cane
 () Crutches
 (✓) Other describe Sling & slings

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Chris Pridmore 17-3-06
(Inmate) (Date)

Shirley Ann 7/3/06
(Witness) (Date)

INMATE NAME (LAST FIRST MIDDLE)	DOC#	DOB	R/S	FAC
Pridmore, Christopher	139858		W/M	EAT



EMERGENCY

ADMISSION DATE 7/2/06		TIME 10:59 AM	ORIGINATING FACILITY Eastfelling		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA		WT. 146		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 98.7		ORAL RECTAL	RESP 18	PULSE 80	B/P 120/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S- "I did something to my shoulder this morning, lifting weights"				ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES		
PHYSICAL EXAMINATION O- W/M amb. to have a steady gait. A, u x3. Resp clear, skin warm & dry to touch. Reports injuring (L) shoulder this A.M. while lifting 25lb weight. (L) deformity noted (L) shoulder. Limited ROM noted. Limited Abduction noted (L) shoulder. Cap refill less than 3 sec to all fingers (L) hand. Reports 9 on pain scale 1-10. (L) shoulder tender to touch. (L) Extremities noted				 PROFILE RIGHT OR LEFT RIGHT OR LEFT		
				ORDERS / MEDICATIONS / IV FLUIDS P- See order sheet		
DIAGNOSIS A - ALT in Comfort						
INSTRUCTIONS TO PATIENT P/E Informed of pill call, Wical understanding						
DISCHARGE DATE 7/2/06		TIME 11:15 AM	RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Shenkin		DATE	PHYSICIAN'S SIGNATURE A		DATE 7/2/06	CONSULTATION
INMATE NAME (LAST, FIRST MIDDLE) Prindmore, Christopher				DOC# 139858	DOB [REDACTED]	R/S W/M FAC East



SPECIAL NEEDS COMMUNICATION FORM

Date: 8/7/2/06To: AASC (Easterling)From: PHS (Easterling)Inmate Name: Pridmore, Christopher ID#: 139858

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions Work stop x 3 days 7/2/06 → 7/5/06
4. May have extra _____ until _____
5. Other Sling (L) Shoulder x 5 days 7/2/06 → 7/7/06

Comments:



Chris Pridmore

Date: 7/2/06 MD Signature: V. Dr. Darbone/dma Time: 11



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS

SPECIFIC

 Diet

ADA

CARDIOVASCULAR

ALT G I

OTHER

☒ Medication

ASA EC 325mg

INFECTIOUS

ACUTE

CHRONIC

PSYCHIATRIC

OTHER

 Treatment

BLOOD PRESSURE

DRESSING

ACCUCHECK

OTHER

ACTION TAKEN BY NURSING:

☒ Counseling

 Discontinue Medication

 Re-assign Schedule

 Placed on sick call

 Inform MH Department

 M A R. Review

ACTION TAKEN BY PRESCRIBERS:

 Physician

 P A.

 Psychiatrist

 Counseling

 Discontinue Meds

 Discontinue Tx

 Change Meds

ACTION TAKEN BY INMATE:

☒ Treatment Refusal Signed

 Explanation of Non-Compliance

 Refuses to sign

Chris Pridmore
Shelley 6/26/04

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC

Pridmore, Christopher

139858

W/M

Eust



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Christopher Pridmore 139858
 (Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- () Splint
 () Eyeglasses
 () Dentures
 () Prosthesis describe _____
 () Wheelchair
 () Cane
 () Crutches
 (X) Other describe 1 Pair Insoles

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition

Chris Pridmore 6/20/06
 (Inmate) (Date)

M. Moore Lpr 6/23/06
 (Witness) (Date)

INMATE NAME (LAST FIRST MIDDLE)	DOC#	DOB	R/S	FAC
<u>Pridmore, Christopher</u>	<u>139858</u>	<u>[REDACTED]</u>	<u>W/m</u>	<u>ECF</u>



SPECIAL NEEDS COMMUNICATION FORM

Date: 10/23/06
 To: DOC - Easterling
 From: HCU - Easterling
 Inmate Name: Pridemore, Christopher ID#: 139858

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

— Please give a pair of boots —
 Insoles 1 pair to keep > May pick up at treatment
 hour 5a or 5p.

Date: 10/23/06 MD Signature: Dr. Darboush / UP Time: 3:10pm

Chris Pridemore

60418



DEPARTMENT OF CORRECTIONS

**KITCHEN CLEARANCE
PHYSICAL ASSESMENT**

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	_____	_____✓
TB TEST CURRENT	_____✓	_____
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	_____	_____✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL
EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT
SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: *[Signature]* DATE: 6/2/06

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: *Chris Pridmore* DATE: 6/2/06

EXPIRATION DATE: Indefinite

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Pridmore Christopher	139858	[REDACTED]	Wm	ECE

MEDICAL COMPLAINTS/GRIEVANCE PROCESS: We ask that medical complaints against the Health Care Unit try and be resolved face to face. If concerns cannot be resolved verbally, a written complaint may be filed. You may get this form in the Health Care Unit. Write your problem on the form and return this form to the Health Care Unit by placing it in the sick call slip box located in the dining hall. The Health Services Administrator or their designee will interview you and discuss your complaint. If you are not satisfied with the results after having followed the instructions of the health care personnel, you may request a grievance form at this time. Follow the same procedure for returning your grievance form.

RELEASE OF MEDICAL INFORMATION: Please let your family and loved ones know that the health care unit is unable to disclose any information regarding your medical care. This is the law. Any information that they may request must go through the Warden's office.

OVER THE COUNTER MEDICATIONS: Over the counter comfort medications such as Headache and Cold medications are available through the canteen.

IMPORTANCE OF MEDICAL CARE: ~~Your medical care is important and is a joint effort~~ between you and the health care unit staff. Prescribed medications are to be picked up at pill-call as ordered, scheduled appointments kept, and educational in-services attended.

Chris Pridmore
INMATE SIGNATURE

139858
AIS#

6/2/06
DATE

[Signature]
WITNESS SIGNATURE

6/2/06
DATE

855p
TIME



SPECIAL NEEDS COMMUNICATION FORM

Date: 5/12/06

To: A00L

From: PE

Inmate Name: Pridemore, Christopher ID#: 139858

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Antifungal cream use 2x day as directed
x 30d (Stop 6/13/06)

Date: 5/12/06 MD Signature: Santer CAMP / NO Time: 1042



SPECIAL NEEDS COMMUNICATION FORM

Date: 5/11/06

To: ADOC

From: WW

Inmate Name: Pridmore, Christopher ID#: 139858

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

BSVS 3A + 3p Daily x 180 days.
on west ward

Date: 5/11/06 MD Signature: Protacio/Kobbing Time: 15:00
Wesley R. R.

RECEIVING SCREENING FORM

INMATE'S NAME: Pridmore, Christopher DATE: 5/11/06 TIME: 10:00 AM
 DOB: [REDACTED] OFFICER: Col Hives INSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	<u>X</u>	<u> </u>
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?	<u> </u>	<u> </u>
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	<u> </u>	<u> </u>
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	<u> </u>	<u> </u>
Is the skin in poor condition or show signs of vermin or rashes?	<u> </u>	<u> </u>
Does the inmate appear to be under the influence of alcohol, or drugs?	<u> </u>	<u> </u>
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)	<u> </u>	<u> </u>
Is the inmate making any verbal threats to staff or other inmates?	<u> </u>	<u> </u>
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?	<u> </u>	<u> </u>
Does the inmate have any obvious physical handicaps?	<u> </u>	<u> </u>

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was X a. Released for normal processing
 b. Referred to health care unit
 c. Immediately sent to the health care unit

Col Hives
 Officer's Signature

MMPI-2 ADULT INTERPRETIVE SYSTEM

developed by
Roger L. Greene, PhD
and PAR Staff

Client Information

Name :	PRIDMORE, CHRISTOPHER
ID :	139858
Age :	42
Gender :	Male
Birth Date :	[REDACTED]
Admin. Date :	05/17/2006

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

MMPI-2 Adult Interpretive System
 Kilby Correctional
 PRIDMORE, CHRISTOPHER
 Page:2

PROFILE MATCHES AND SCORES FOR STANDARD VALIDITY AND CLINICAL SCALES

	Scale	Client's <u>Profile</u>	Best Fit Prototype <u>Profile</u>
Codetype:		2-8/8-2-(1)	1-8/8-1-(4)
rc:		0.837	0.895
D2:		1610	1087
	L	70	63
	F	79	86
	K	66+	50
	1 Hs	70	79
	2 D	72	68
	3 Hy	69	68
	4 Pd	62-	75
	5 Mf	52	53
	6 Pa	68	66
	7 Pt	61	69
	8 Sc	74	83
	9 Ma	41-	57
	0 Si	53	59

Mean Clinical

Elevation:	64	67
Scatter:	10	10
Client Age:	42	35
Men (Percent):	X	68%
Women (Percent):		32%

MMPI-2 Adult Interpretive System
Kilby Correctional
PRIDMORE, CHRISTOPHER
Page:3

CONFIGURAL VALIDITY SCALES INTERPRETATION

This validity scale configuration suggests a very unusual response set indicating that the profile has doubtful validity. An all-false response set may be indicated. He is admitting significant psychological and emotional problems, while at the same time attempting to appear extremely well-adjusted.

CONFIGURAL CLINICAL SCALES INTERPRETATION

Codetype: 1-8/8-1-(4)

CLINICAL PRESENTATION:

Moods

He is experiencing moderate to severe emotional distress characterized by dysphoria, resentment, and anhedonia. He is irritable, stubborn, and grouchy. He feels threatened by a world that he views as hostile and dangerous. His feelings are not easily hurt.

Cognitions

He has concentration and memory difficulties, and he is easily distracted and confused. He believes that his judgment is not as good now as it was in the past. He lacks self-confidence. He often feels as if things are not real. He dreams and thinks about things that are best kept to himself. He hears strange things when he is alone. He is cynical and believes that most people are interested only in their own welfare.

He reports a number of symptoms that may reflect a psychotic process or a very long-term, characterologic condition. His presenting problems, background, and history should be reviewed with this possibility in mind.

Interpersonal Relations

He is introverted and socially alienated. He lacks basic social skills and tends to be socially withdrawn and isolated. He is emotionally distant, has difficulty with close, emotional relationships, and believes that no one understands him and his problems. He sees his family as uncaring and critical, and his home life as unpleasant.

Other Problem Areas

MMPI-2 Adult Interpretive System
 Kilby Correctional
 PRIDMORE, CHRISTOPHER
 Page:4

He experiences pain and a number of physical and neurologic symptoms. His history and background should be reviewed to determine whether a medical or neuropsychological evaluation is warranted.

He may have suicidal ideation that should be evaluated carefully. He is isolated, feels hopeless, and is prone to act out impulsively toward himself or others. These factors increase the potential for suicide. He is likely to abuse substances, which also increases the probability of his acting out. He has problems sleeping, which exacerbate all of these problems. He may have been in trouble with the law.

TREATMENT:

His prognosis is generally very poor because of the characterologic nature of his problems. Psychopharmacologic interventions are also unlikely to be very effective because of the characterologic problems involved. The probability of meaningful long-term change is low. Short-term, behavioral interventions that focus on his reasons for entering treatment will be most effective.

POSSIBLE DIAGNOSES:

- Axis I - R/O Somatoform Disorders
 - 300.81 Somatoform Disorder NOS
- R/O Adjustment Disorders
 - 309.3 Adjustment Disorder with Disturbance of Conduct
- R/O Mood Disorders
 - 292.84 Substance-Induced Mood Disorder
 - 296.xx Major Depressive Disorder
- R/O Schizophrenia and Other Psychotic Disorders
 - 295.40 Schizophreniform Disorder
 - 295.70 Schizoaffective Disorder, Depressive Type
 - 295.90 Schizophrenia, Undifferentiated Type
- R/O Paraphilias
 - 302.9 Paraphilia NOS
- R/O Substance-Related Disorders
 - 305.00 Alcohol Abuse
- Axis II - R/O Personality Disorders
 - 301.20 Schizoid Personality Disorder
 - 301.22 Schizotypal Personality Disorder

VALIDITY AND CLINICAL SCALES

VALIDITY SCALES

MMPI-2 Adult Interpretive System
 Kilby Correctional
 PRIDMORE, CHRISTOPHER
 Page:5

L T = 70

He may be either a normal individual who is very self-controlled, rigid, and lacking in insight; a person who uses excessive repression and denial; or a naive and unsophisticated individual who is attempting to create a very favorable impression of himself. Psychiatric patients who score in this range and have all clinical scales below a T score of 65 may exhibit a psychotic disorder.

F T = 79

He is reporting an increasing probability of serious psychological and emotional problems that is often characteristic of severe, chronic, behavioral problems. Scores in this range also may occur because individuals have had some difficulty reading or understanding the test items (evaluate measures of consistency of item endorsement), or because he has some motivation to overreport psychopathology (evaluate measures of accuracy of item endorsement).

K T = 66

He tends to be defensive and unwilling to acknowledge psychological problems and distress. He is prone to minimize and disregard problems with himself. Self-insight and self-understanding are usually lacking. He is very concerned about how he is perceived by others and typically views emotional problems as weaknesses.

CLINICAL SCALES

1 Hs = 70

He is expressing excessive concern about the functioning of his body and is endorsing multiple vague somatic complaints. He is typically self-centered, dissatisfied, demanding of attention, complaining, and generally negative and pessimistic. He may use his somatic complaints to control and manipulate others. The prognosis for either psychological or medical intervention is guarded. Conservative medical treatment is usually recommended. He is highly skilled at frustrating and sabotaging the help of others and will often "shop" for physicians and/or therapists. Individuals with multiple bonafide physical disorders, particularly of an acute nature, will score in the lower end of this range (T scores = 65-75).

2 D = 72

He feels depressed, unhappy, sad, and pessimistic about the future. He often feels guilty and is self-critical. Suicidal ideation and potential should be evaluated carefully, as well as his responses to items 150, 303, 506, 520, and 524. He often feels inadequate, helpless, and lacking in self-confidence. Social withdrawal, poor concentration, appetite and sleep disturbances, and low frustration tolerance are possible. Increasingly higher scores are usually associated with an increase in the number and severity of depressive symptoms.

MMPI-2 Adult Interpretive System
 Kilby Correctional
 PRIDMORE, CHRISTOPHER
 Page:6

3 Hy = 69

He develops physical symptoms in response to stress and may use his complaints to avoid responsibility. He is often naive, immature, self-centered, and he denies any psychological problems. He lacks insight concerning the causes of his symptoms and his own motives and feelings.

He is frequently very demanding of affection and support, and may use indirect and manipulative means to get attention and affection. His social relationships are often superficial and immature. He is resistant to psychological interpretations and treatment, and any form of psychological intervention will be difficult. He often looks for simplistic, concrete solutions to his problems-- solutions that do not require self-examination. He is unlikely to be psychotic.

4 Pd = 62

He is sincerely concerned about social problems and issues or is responding to situational conflict or crisis.

5 Mf = 52

He has traditional masculine interests and activities.

6 Pa = 68

He is suspicious and hostile. He feels as if he is being mistreated, or he is hypersensitive to the reactions of others. He often blames others for his difficulties. He may manifest psychotic behavior, and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution may also be present.

7 Pt = 61

He is generally punctual in fulfilling obligations and may worry if unable to do so. He usually prefers to get things done ahead of time, and he tends to be conscientious. He usually does not see himself as anxious.

8 Sc = 74

He is experiencing alienation, social withdrawal, difficulty in meeting responsibilities, and a general dissatisfaction with his circumstances. These symptoms may reflect an acute and/or mild stressor or an adjustment to more chronic stressors.

9 Ma = 41

He has a low energy and activity level that may reflect fatigue or significant depression, especially if the score is extremely low for his age. T scores of 45 are typical for older (55+ years) individuals, and T scores of 60 are typical for younger adults (18-22 years). He is often described as lethargic, listless, and apathetic. In addition, he may be seen as

MMPI-2 Adult Interpretive System
Kilby Correctional
PRIDMORE, CHRISTOPHER
Page: 7

conventional, practical, responsible, and sensitive.

0 Si = 53

This score is considered to be within normal limits.

+++ END OF REPORT +++

IMMUNIZATION RECORD

Name Phidmore, Christopher AIS 139858 D.O.B. [REDACTED]

Hep A Vaccine
 Date _____ By _____
 Date _____ By _____

Hep B Vaccine
 1) Date _____ By _____
 2) Date _____ By _____
 3) Date _____ By _____

Influenza

Date _____	By _____	Date _____	By _____
Date _____	By _____	Date _____	By _____
Date _____	By _____	Date _____	By _____
Date _____	By _____	Date _____	By _____
Date _____	By _____	Date _____	By _____
Date _____	By _____	Date _____	By _____

Pneumococcal

Date _____	By _____	Date _____	By _____
Date _____	By _____	Date _____	By _____

TB PPD

Date <u>5-13-06</u>	Result <u>4mm</u>	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____
Date _____	Result _____	Date _____	Result _____

Tetanus Date _____ By _____
 Tetanus Date _____ By _____

INTAKE HEALTH EVALUATION

NAME: Phidmore, ChristopherAIS #: 139858D.O.B.: [REDACTED]

R.N. evaluation within 24 hours.

Age

42

Sex

M

Race

W

Height

5'11"

Weight

138Temp: 98.4B/P: 110/70Pulse: 84Resp: 20

** B/P - If greater than 140/90, repeat in 1 hour. Refer to Mid-Level if B/P remains up.

Do you now or have you ever had, or been treated for:

Problem	Y	N	Problem	Y	N	Problem	Y	N
Head Trauma		<input checked="" type="checkbox"/>	Gastritis		<input checked="" type="checkbox"/>	HIV/AIDS ***		<input checked="" type="checkbox"/>
Loss of Consciousness		<input checked="" type="checkbox"/>	Ulcers		<input checked="" type="checkbox"/>	***Medications Verified		<input checked="" type="checkbox"/>
Severe Headaches		<input checked="" type="checkbox"/>	Bleeding		<input checked="" type="checkbox"/>	Hepatitis - Type		<input checked="" type="checkbox"/>
Vertigo/Dizziness		<input checked="" type="checkbox"/>	Gall Bladder/Pancreas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gonorrhea		<input checked="" type="checkbox"/>
Vision Problems		<input checked="" type="checkbox"/>	Liver Problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Syphilis		<input checked="" type="checkbox"/>
Hearing Problems		<input checked="" type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lice, Crabs, Scabies		<input checked="" type="checkbox"/>
Seizures		<input checked="" type="checkbox"/>	Joint Muscle Problem	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Strokes		<input checked="" type="checkbox"/>	Back/Neck Problem		<input checked="" type="checkbox"/>	LMP		
Nervous Disorders		<input checked="" type="checkbox"/>	Kidney Stones/Dz		<input checked="" type="checkbox"/>	Date		
DT's		<input checked="" type="checkbox"/>	Bladder/Kidney Infection		<input checked="" type="checkbox"/>	Duration		
Heart Condition <u>normal</u>	<input checked="" type="checkbox"/>		Alcoholism	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal		
Angina/Heart Attack		<input checked="" type="checkbox"/>	Drug Abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularity		
High Blood Pressure		<input checked="" type="checkbox"/>	Psychiatric History		<input checked="" type="checkbox"/>	Gravida/Para		
Anemia/Blood Disorder		<input checked="" type="checkbox"/>	Suicidal Thoughts**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AB/Miscarriage		
Sickle Cell or Trait		<input checked="" type="checkbox"/>	**Immediate M.H. Referral			Contraception		
Lung Condition		<input checked="" type="checkbox"/>	T.B.			Type:		
Asthma *		<input checked="" type="checkbox"/>	PPD - date given: <u>5-11-06</u>					
*Peak Flow Reading			RFALFA			Lab Tests - Dates	N	Ab
Bronchitis		<input checked="" type="checkbox"/>	Date read: <u>5-13-06</u>			Diagnostic Profile II		
Emphysema	<input checked="" type="checkbox"/>		Results: <u>6</u> mm			RPR		
Pneumonia		<input checked="" type="checkbox"/>	Visual Acuity			Urine Dip Stick		
Diabetes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OD <u>10/20/05</u> <u>10/20</u>					
Hay Fever/Allergies		<input checked="" type="checkbox"/>	OU <u>20/20</u>			EKG (@ age 35)		

Immunization History: _____

***HIV Medications: _____

Acute or Chronic Problem Noted: (Y) N

Refer to Mid-Level or M.D. if yes.

RN or Mid-Level, Signature [Signature]Date/Time 5/12/06



INTAKE SCREENING

Date: 5-11-06 AIS#: 139838

Last Name: Pridmore First: Christopher Middle: Allen
 Birthplace: [REDACTED] DOB: [REDACTED] SS#: [REDACTED]

FEMALES: Pregnancy test: (circle one) Positive Negative B/P 109/76 Temp 98.6 Pulse 91 Resp 18 Weight 138
 FSBS 159 If level > 200, repeat within 48 hours. Above 300 call M.D.

Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?
IPDM

Previous Incarcerations (Date & Facility)

Medications: ☐ None N=280015650 Special Diet (Prescribed)
 Allergies: ☒ NKA Past Positive TB Skin Test (circle one) YES - (Complete TB Screening Form) (NO)

ANY INMATE WHO IS UNCONSCIOUS, SEMICONSCIOUS ACTIVELY BLEEDING IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE

CLINICAL OBSERVATIONS

1) Level of Consciousness: () Alert () Oriented; time, place, person () Lethargic () Stuporous () Comatose Describe:		3) Substance Abuse: () Yes () No () Suspected () Current intoxication/Abuse () Use () Withdrawal Symptoms () Drugs () Alcohol Describe- What kind? Amount/Frequency? <u>Man - Daily - 20 yrs.</u> • If confirmed Benzo use then call M.D. If can not be confirmed call M.D. Last Use: (Time/Date): <u>90 days</u>	
2) General Appearance () Normal () Abnormal 3) Signs of Trauma () Yes () No Describe:		4b) Affect/Mood: () Normal () Manic () Depressed () Euphoria () Flat () Emotionally Confused Describe:	
4a) Behavior/Conduct: () Calm () Cooperative () Non-Violent () Agitated () Uncooperative () Violent () Manipulative () Disorganized Describe:		4c) Perceptions: () Delusional () Hallucinations () Hearing Voices <u>N/A</u>	
5a) Is there h/o actual suicide attempt? () Yes () No 5c) Is there evidence		5b) Does pt describe current suicidal thoughts or ideations? () Yes () No 5d) High risk pt may become assaultive towards staff? () Yes () No	
If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates: *Any abnormal observations #4 or 5 require immediate Mental Health Referral.		Triggers for Suicide Watch - Currently Suicidal - History of actual attempt - Fails to maintain control on Close Watch Y or N Triggers for Close Watch - Emotionally distraught and unable to regain composure by end of intake process - Actively hallucinating or not making any sense Y or N	

6a) Communication Difficulties () Yes () No
 6b) Memory Defects () Yes () No
 6c) Hearing Impairment () Yes () No
 6d) Speech Difficulties () Yes () No

7) Physical Aids: () None () Glasses () Contacts () Hearing Aid () Dentures () Cane () Crutches
 () Walker () Wheelchair () Braces () Artificial Limb () Other

8) Additional comments, complaints, symptoms: None

S) [REDACTED]
 O) Fever Y N Swollen Glands Y N Signs of Infection Y N Skin Intact Y N
 A)
 P) Referred to Labrieter CAMP - 20 on Apr 10 on 4
Insulin 70/30

If known Diabetic * Call M.D. for order Initial Insulin given:

I have answered all questions truthfully. I have been told and shown how to obtain medical services I hereby give my consent for health services to be provided to me by and through PRISON HEALTH SERVICES.

Chris Pridmore 5/11/06
 Inmate's Signature/Date

[Signature] 5/11/06
 Health Provider Signature/Date

I have read the *access to health care* information sheets and have been given a copy I understand how to access health care

Name Chris Piedmore Date 5/12/06

AIS# 139858

Medical Staff J. Thomas CNA Date 5-12-06



PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Carolyn Pridmore wife
 Name Relationship (205)
 508 King Circle 338-3040
 Street Address Phone Number
 Pell City Ala. 35125
 City State Zip Code
 Chris Pridmore 139858 [REDACTED] 5/11/06
 Inmate Signature AIS# SS# Date

 Witness Date

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Pridmore, Christopher	139858	[REDACTED]	W/M	KCF

NAME: _____

AIS#: _____

D.O.B.: _____ R/S _____

HEALTH CLASSIFICATIONS:
(Circle One)

1 - No Restrictions

2 - Temporary Restrictions

See Special Needs Form

3 - Permanent Restrictions

See Special Needs Form

4 - A&I (Aged & Infirm)

5 - Not Determined

Recheck _____

PLACEMENT:

General Population ☒

Emergency Department ☐

Isolation ☐

Medical Observation ☐

Other _____

REFERRAL:

CCC Placement ☒

Clinic(s) CC - DM

See MD/Mid-Level flow sheet
for clinic(s).

Medical ☐

Dental ☐

Mental Health ☐

Other _____

When: ☐ Immediately

☐ Next Sick Call

IMMUNIZATIONS ORDERED:

APPRAISAL	N	Abn/Comment
General Movement Deformity Pain, Bleeding Habitus Hygiene	<input checked="" type="checkbox"/>	
Neuro Mental Status Intox Withdrawal, Tremor Neuro-Deficits	<input checked="" type="checkbox"/>	
Skin Injury, Bruises, Trauma Jaundice Diaphoretic Rash, Lesions Infestations Needle Marks Color, Turgor	<input checked="" type="checkbox"/>	Tattoos - 12 Dermal LFA
Head Normocaphalic Atraumatic Hair, Scalp	<input checked="" type="checkbox"/>	
Eyes Glasses/Vision Pupils Sclera, Conjunctiva	<input checked="" type="checkbox"/>	
Ears Appearance Canals, TMs, Hearing	<input checked="" type="checkbox"/>	
Nose Epistaxis Sinuses	<input checked="" type="checkbox"/>	
Throat Teeth, Gums, Dentures Mouth, Tongue, Tonsils Airway	<input checked="" type="checkbox"/>	
Neck C-Spine, Mobility Veins, Carotids Thyroid, Lymph Nodes	<input checked="" type="checkbox"/>	
Chest Config. Ausc/Resp Cough/Sputum Breast/Masses	<input checked="" type="checkbox"/>	
Heart Ausc Rate, Rhythm Murmurs, Ectopy	<input checked="" type="checkbox"/>	
Abdomen Bowel Sounds Palp, G/R/T, Hernia	<input checked="" type="checkbox"/>	
GU Flank Tenderness Bladder Tenderness/Distention	<input checked="" type="checkbox"/>	
Back ROM, Spasm, Injury	<input checked="" type="checkbox"/>	
Extremities Edema, Pulse	<input checked="" type="checkbox"/>	
Genitals Injuries/Lesions		deferred
Pelvic Pap		
Rectal/Guic (required @ 45 and up) Deferred/follow-up:		

Medications Ordered: _____

Abantun
M.D. or Mid-Level Signature

5/12/06
Date/Time

(White - Kitchen Copy, Yellow - Patient File Copy)

Special Diet Request

Inmate's Name: Christopher Pridmore Date: 6/2/06

Housing Location: East of the

Type of Diet: Diabetic diet w snack

Start Date: 6/2/06 Stop Date: 6/2/07

Special Instructions (if needed):

Date Requested: 6/2/06 Signature: Dr. Danburg



PRISON
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Special Diet Request

Inmate's Name: Pridmore, Christopher 139858 Date: 5/12/06

Housing Location: E-100

Type of Diet: 2200 Calorie diabetic diet w snack

Start Date: 5/12/06 Stop Date: duration

Special Instructions (if needed):

~~_____~~

Date Requested: 5/12/06 Signature: Loaske MP/Ha

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 8/15/06 Time: 2:30 AM Facility: ELCCheck all applicable CIC's being evaluated: Card/HTN (DM) GI ID PUL SZ TB Hep**SUBJECTIVE:** WM 42 Hx DM IODM Hx HBP B, C Hx IU Drug Abuse BS 121**OBJECTIVE:** BP 100/72 HR 62 RR 14 Temp 97.3 Wt 144 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

NAD USS
HEENT WNL Ears: normal
CXR PRR @ good
lung CMA
Aortic soft NTPethist
Gut loss
A urination↑ to dx
V5/6
AFC 21/0.8/46
MA 141/4-
AST 68
ALT 129
lipids
181/143
65BS 5 AM
7/04 45-77
pm 45-128
8/06 AM 82-78
PM 93-76**ASSESSMENT:** Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: ADA Diet / Exercise compliance to BS / A/C control to
U Fat U SAT P fluid P Fibre diet for trig < 150 and LDL < 70F/U: Routine 90 days: ✓ Other TLC Problem List Updated: (Yes) No

UA - Routine Dip

✓ HBP ABC - Hx Drug use

AFC B10 x 1m

Physician/NP/PA

Pridemore Christopher

NAME

139858

AIS#

GENDER

WM

RACE

DOB

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 8/15/04 Time: _____ Facility: ELFCheck all applicable CICs being evaluated: __Card/HTN (DM) GI __ID __PUL __SZ __TB

Vital Signs: BP _____ P _____ R _____ T _____

SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: 0 Dates: _____
See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: _____ Dates: _____

For seizure patients, list the # of witnessed seizures since the last CIC visits: _____ Dates: _____

ALLERGIES: none CURRENT DIET: ADA 2200

MEDICATIONS: _____

DESCRIBE MED AND DIET ADHERANCE: ADA 2200 CAIDESCRIBE ANY MED SIDE EFFECTS: none

VACCINES: Flu _____ Pneumovax _____ Hep A _____ Hep B _____

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month. _____
(*This should equate to one inhaler per month.)Lab/Diagnostic test(s) w/ date(s): HbA1c SD on 5/06; CD4 & HIV-RNA 1 on _____:
Peak Flow _____; LFTs _____ on _____; Serum Drug Levels _____ on _____; EKG _____; CXR _____

Medications:

Patient Educated on:

Xmate Signature Chris Pridmore (134858)

Nurses Signature and Title _____

NAME

AIS

GENDER

RACE

DOB



NDDM

139858

FINGER STICK BLOOD RECORD FORM

NAME: Pridmore Christopher INSTITUTION/FACILITY: KCF
 CELL SITE: _____ D. # 64444444 D.O.B.: _____
 PHYSICIAN ORDER/INSTRUCTIONS: BS VS 3A+3P x 180 days

DATE	TIME	INITIALS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	*	ACTIONS TAKEN/COMMENTS
5/12	0725	CA	192				
5/12	1500	CA	205				
5/13	0400	CA	270				
5/13	0300	CA	250				
5/14	0400	CA	285				
5/14	1500	CA	301				
5/15	0400	CA	290				
5/15	1500	CA	295				
5/16	0400	SS	294				
5/16	1500	CA	291				
5/17	1500	CA	286				
5/18	0400	CA	292				
5/18	1500	CA	291				
5/19	0300	PW	290				
5/19	1500	WS	200				
5/20	0400	CB	295				
5/20	1500	TH	230				
5/21	0400	CB	285				
5/21	1500	LI	299				
5/22	0400	CB	285				
5/22	1500	PW	217				
5/23	0419	CA	297				

*Check if results called to physician.

Date	Initials	Signatures

Date	Initials	Signatures

DEPARTMENT OF CORRECTIONS

NURSE'S

DIABETIC CHRONIC CARE CLINICS

S: DAY CHRONIC CARE CLINIC				ALLERGIES
DATE/TIME: 5/17/06 @ 6710				NKDA
O: VS T98/P80/R16				
BP 118/80 WT 137-25 lbs				TYPE D TYPE II
Any reactions:		Y	(N)	
Thirst, vomiting, or abdominal pain		Y	(N)	
Skin or foot problems: A/C on peeling of feet		(Y)	N	
Foot exam done:		(Y)	N	
Rotation of injection sites N/A		(Y)	N	
Changes in eyes		Y	(N)	
Dietary compliance:		(Y)	N	P: LABS
Noncompliant---Education done		Y	N	
Medication compliant		(Y)	N	Last HgbA1C:
Noncompliant---Education done		Y	N	Date 5/16/06 Result 5.0%
Tremors		Y	(N)	
Reviewed canteen list		(Y)	N	
Compliant	new	Y	N	
If noncompliant, education done		Y	N	
Infirmity or hospital since last CCC visit		Y	(N)	ORDERS:
If yes, date				
Review of FLU vaccine unavailable		(Y)	N	
Review of Pneumovax		Y	N	
Fundoscopic exam eye clinic referral		(Y)	N	
Annual Diabetic Checklist updated		(Y)	N	
NOTES:				MEDICATION:
Educational material given				Humulin 70/30 20 U SQ
TO 3 mos time A1C level will be				8 AM + 10 U SQ 8 PM
maintained @ < 7% & in note				
will continue to be compliant				
to meds & diet & exercise				Status: (circle) Improved, Unchanged, Worsened
regular for 20-30 min duration				Control: (circle) Good, Fair, Poor
				CCC NURSE (circle) EVERY 1, 2, 3 months
Education done: socks on, walking barefoot, & socks on feet		(Y)	N	CCC WITH MD (circle) 1, 2, 3, 4, 5, 6 months
Topic Foot/Skin Care				
INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
Pridmore, Christopher	139853	42	W/M	Chris Pridmore

Control Good---HgbA1C WNL
Fair---HgbA1C within 2% of normal
Poor---HgbA1C > 2% above normal

Status: Improved---Decrease in HgbA1C and weight decreased by 5%
Unchanged---No change in HgbA1C and weight
Worsened---Increase in HgbA1C and weight

Physician's Chronic Care Clinic

Date: 5/12/06 Time: 1030 Facility: Kilby Correctional Facility

Check all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

Pat DM age 9, always been on insulin
 UKN HbA1C

Has been on Novolin 90a/day

OBJECTIVE: BP 110/170 HR 84 RR 20 Temp 98.4 Wt 138 Peak Flow

Enkpe 159
 ASBS 79

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ
 Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,
 Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT,
 Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

com ↓ S2 DM, MI

2E ↓ 61 Lung CT
 HTN

Denies end organ damage.

S. S2 ug 5(m), # Bru HS EBBS skin, Resp ease
 & edema noted.

Feet peeling bilaterally, but no break in integrity. no S/S of infection

⊕ Cigs 1pk/day x 25 yrs

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's
 Visit. Degree of Control: G=Good, F=Fair, P=Poor
 Status: I=Improved, S=Stable, W=Worsened

DM			HTN/CARD			SZ			PUL			ID			GI			OTHER		
Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control		
G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P
Status			Status			Status			Status			Status			Status			Status		
I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W

PLAN: Will place on Humulin 70/30 20g AM, 10g PM. Will monitor B/S and HbA1C

Diet stressed, exercise, Dc cigs

F/U: Routine 90 days: _____ Other 2wks

Problem List Updated: Yes No

Asante

Physician/NP/PA

Pridmore

NAME

Christopher

MALE

GENDER

B/W

RACE

139858

AIS#

DOB



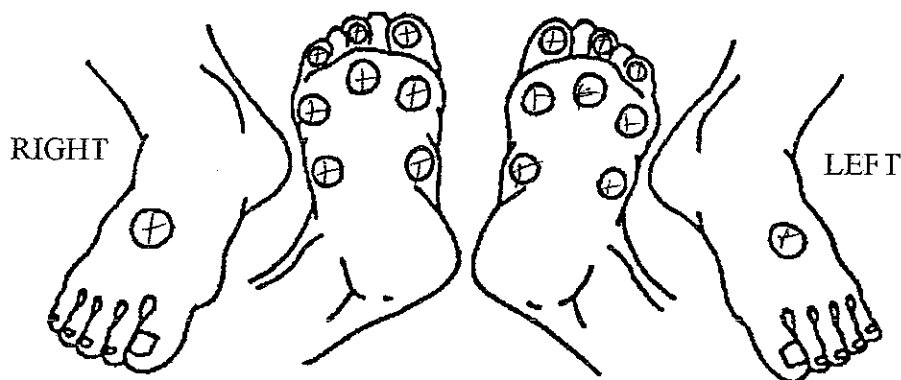
PRISON
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MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with a "Y" or "N" to indicate findings




	RIGHT	LEFT
Is there a foot ulcer now?	N	N
Is there a history of foot ulcer?	N	N
Is there an abnormal shape of the foot?	N	N
Is there a toe deformity?	N	N
Are the toenails thick or ingrown?	N	N
Is there callus buildup?	N	N
Is there swelling?	N	N
Is there elevated skin temperature?	N	N
Is there muscle weakness?	N	N
Can the inmate see the bottom of feet?	Y	Y
Is the inmate wearing improperly fitting shoes?	Y	Y
Does the inmate use footwear appropriate?	Y	Y
Pulses? DP/PT	2+	2+

Note the level of sensation in the circles: (+) → Can feel the 5.07 filament (-) → Can't feel the 5.07 filament



peeling noted on both feet

Skin Conditions on the Foot or Between the Toes:

Draw in: Callous , Pre-ulcer , Ulcer  (note length and width in cm)
Label with: R - Redness, M - Maceration, D - Dryness, T - Tinea

Risk Category:

- ☐ 0 No loss of protective sensation.
- ☐ 1 Loss of protective sensation
- ☐ 2 Loss of protective sensation with either high pressure (callous/deformity), or poor circulation.
- ☐ 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.

Education done about Foot care Education Received Shantana

Name <u>Pridemore, Christina</u>	AMS NO <u>139858</u>	Date <u>5/12/06</u>	By <u>Shantana</u>
-------------------------------------	-------------------------	------------------------	-----------------------



PRISON
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DIABETIC CHECKLIST

Name Pridemore, Christopher Number 139858 Period 5/06 to 5/07
Humulin 70/30 20 U SQ BID
 Medications: 10 U SQ BID

Compliance: ☒ Yes ☐ No

If No, follow-up counseling done: Yes No Date _____

Enrolled in Chronic Care: Yes No

Monofilament Foot Exams Done: ☒ Yes ☐ No

Foot Disorders Treated: ☒ Yes ☐ No

Educational Material Given: ☒ Yes ☐ No

Appropriate Diet Ordered: ☒ Yes ☐ No

Regular Glucose Testing: ☒ Yes ☐ No

HgbA1C done q 3 months: ☒ Yes ☐ No Every 6 months if stable

Seen by dental at least annually: ☒ Yes ☐ No

Urine tested annually for microalbumin ☒ Yes ☐ No

Seen by Nurse: 5/17/06

Seen by MD: 5/17/06

Annual dilated retinal exam _____ By _____

Referral if necessary _____

Immunization:

Pneumococcus once and repeated after age 64, if more than 5 yrs. Yes No

Influenza annually Yes No

Annual physical exam by MD/NP ☒ Yes ☐ No Date _____

Individual treatment plan ☒ Yes ☐ No

Updated ☒ Yes ☐ No

Appropriate Diet Ordered: ☒ Yes ☐ No

ADOC notified: ☒ Yes ☐ No



PRISON
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**DIABETIC INTAKE SCREENING
FOR INTAKES THAT PRESENT WITH DIABETES
Referral to MD and Seen within 24 hrs of Intake**

NAME Pridemore, Christopher Number 139858 Date 5/12/06

Diagnosed with diabetes? ☒ Yes ☐ No

If yes, then H & P by licensed health care provider with prescriptive authority.

If yes, date H & P completed 5/12/06 by Jessika Corp

Random plasma glucose test results 159 Date 5-11-06

If level > 200, then second test within 48 hours

Repeat results 79 Date 5-12-06

If level < 200, record flagged for a fasting glucose plasma test upon arrival at first assigned institution.

History of fasting Blood Sugar? ☒ Yes ☐ No Results/Date Not available

History or Frequency of:

Ketoacidosis	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>x2 - last one 27 hrs ago</u>
Hypoglycemia	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>x2 in free world</u>
Hypoglycemia w/o awareness	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
History of known complications	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Screening Laboratory Evaluation (at reception) All diabetic receive:

Test	Date	Results in MR	Reviewed
HgbA1c upon arrival			
HDL--Cholesterol *			
Triglycerides *			
Total Cholesterol *			
Urine for microalbumin #140050--24 hr urine			
UA for protein & ketones (onsite)			
Serum Creatinine *			
TSH (when indicated) *			
EKG (onsite)	<u>5/12/06</u>		
Fundoscopic Exam			
Peripheral Pulses			

* Diagnostic profile II-(048827)-Includes Chem 7, Ca++, LFT's, Lipid Panel, Fe, Phos, Total Protein, Uric acid, Globulin, Transepsidase, Thyroid Panel, CBC w/Diff

Determination of Diabetes ----circle one----Type I Type II

Initial Treatment Plan by MD.....YES NO

Refer to Chronic Care Clinic within 7 days of

Diabetic diet YES NO Informed ADOC YES NO

Education: Documented in medical record Date _____

Reviewed by _____ Date _____

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Pridemore, Christopher AIS# 139858Medication Allergies: NICOTMedical: Chronic (Long-Term) Problems
Roman Numerals for Medical/SurgicalMental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
5/10/06	DM I since birth			H
5/13/06	ppd from			PE
	#212 R R.p. xray 4/7/06: negative			H

**If Asthmatic label: Mild – Moderate – or Severe.



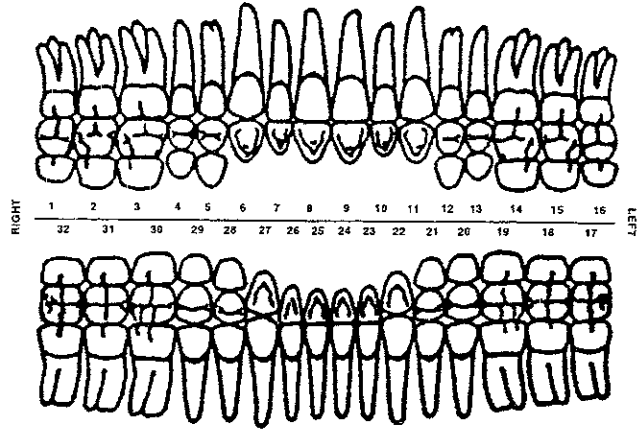
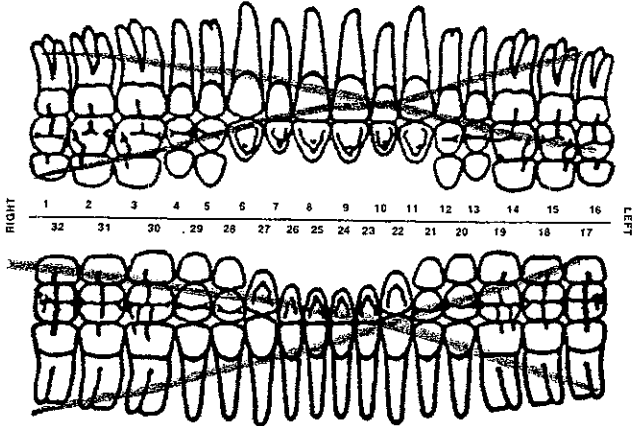
DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION

RESTORATIONS AND TREATMENTS



Date of Initial Examination

5-12-06

Initial Classification

Oral Pathology

Gingivitis

Vincent's Infection

Stomatitis

Other Findings

Occlusion

Roentgenograms

Periapical

Bitewing

Other

Health Questionnaire

YES

NO



Rheumatic Fever



Allergy (Novocaine, penicillin, etc.)



Present Medication



Epilepsy



Asthma



Diabetes



HIV

YES

NO



V.D.



Hepatitis



Anemia or Bleeding Problems



Heart Disease



High Blood Pressure



Kidney Disease



Other Disease

SERVICES RENDERED

Date	Tooth #	DX	TX	Initials	Class
5-12-06	FM		OHI	EVB	
8-30-06			Placed on Denture List	PM	RDT

INMATE NAME (LAST, FIRST, MIDDLE)

PRIDMORE, Christopher

DOC#

139858

DOB

[REDACTED]

R/S

W

FAC

KCF



DIABETIC RECORD

MONTH OF 8/06

Cidmore, Christopher

139858

A.M. DOSE

P.M. DOSE

DATE	TIME	BLOOD SUGAR	UNITS INSULIN	SIGNATURE	DATE	TIME	BLOOD SUGAR	UNITS INSULIN	SIGNATURE
01		82	0	R	01	48	93	0	M
02		85	0	Ky	02		97	0	gr
03		91	0	147	03		113	0	16
04		86	0	102	04		90	0	04
05		78	0	102	05		95	0	04
06		91	0	102	06		90	0	M
07		80	0	2	07		104	0	✓
08		67	0	5	08		97	0	M
09		77	0	14	09		96	0	K5
10		81	0	14	10		91	0	M
11		82	0	14	11		99	0	M
12		83	0	8	12		83	0	0
13		81	0	5B	13		235	2	0
14		84	0	5B	14		98	0	0
15		78	0	0	15		98	0	0
16		75	0	Ky	16		121	0	SS
17		89	0	Ky	17		133	0	M
18		84	0	Ky	18		107	0	16
19		83	0	0	19		118	0	M
20		84	0	0	20		196	0	16
21		224	2	0	21		200	2	0
22		186	0	1	22		194	0	16
23		260	2	0	23		96	0	16
24		204	2	Ky	24		109	0	✓
25		202	2	0	25		69	0	M
26		246	2	Ky	26		115	0	M
27		132	0	0	27		80	0	M
28		125	0	5B	28		84	0	16
29		220	2	0	29		132	0	M
30		169	0	14	30		100	0	16
31		280	2	14	31		395	4	0

ISON HEALTH SERVICES, INC.

CAL-581



PRISON
HEALTH
SERVICES
DEPARTMENT OF CORRECTIONS

UA - Routine D.P.

DEPARTMENT OF CORRECTIONS

DATE: 8/17/06

URINALYSIS

LEUKOCYTES neg
NITRITE neg
UROBILINOGEN normal
PROTEIN normal
pH 6.0

BLOOD neg
SPEC. GRAVITY 1.030
KETONE neg
GLUCOSE neg
HCG neg

(Add: Final Labs Here)

8/18/06

PATIENT NAME (LAST, FIRST, MIDDLE)

Pridermore - Christopher

DOC #

139858 A.

DOB

RACE/SEX

W/M

FAC

PHS

DEPARTMENT OF CORRECTIONS

Name: Pridmore ChristopherState ID No.: 139858DOB: [REDACTED]Race: w/m Sex:

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Eastlink

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

Dr. Darbonne

Date of request

8-9-06

Time of request

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

previous injury 1998

X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE <u>(L)</u>	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

Pridmore

LEFT KNEE: The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

D: & T: 08-11-06 Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file)

8-9-06

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

DIABETIC RECORD

MONTH OF 7/06

Priddymore Christopher
#139858

A.M. DOSE

P.M. DOSE

DATE	TIME	BLOOD SUGAR	UNITS INSULIN	SIGNATURE	DATE	TIME	BLOOD SUGAR	UNITS INSULIN	SIGNATURE
01	4 AM	405	30	<i>[Signature]</i>	01		405	6	<i>[Signature]</i>
02		421	4u	<i>[Signature]</i>	02		385	4	<i>[Signature]</i>
03		390	4u	<i>[Signature]</i>	03		399	4	<i>[Signature]</i>
04		398	4u	<i>[Signature]</i>	04		420	6	<i>[Signature]</i>
05		381	4u	<i>[Signature]</i>	05		363	4	<i>[Signature]</i>
06		375	4u	<i>[Signature]</i>	06		310	4	<i>[Signature]</i>
07		334	4u	<i>[Signature]</i>	07		94	0	<i>[Signature]</i>
08		379	4	<i>[Signature]</i>	08		201	2	<i>[Signature]</i>
09		320	4	<i>[Signature]</i>	09		82	0	<i>[Signature]</i>
10		333	4	<i>[Signature]</i>	10		367	4	<i>[Signature]</i>
11		420	6	<i>[Signature]</i>	11		104	0	<i>[Signature]</i>
12		168	0	<i>[Signature]</i>	12		320	4	<i>[Signature]</i>
13		382	4	<i>[Signature]</i>	13		108	0	<i>[Signature]</i>
14		353	4u	<i>[Signature]</i>	14		07	0	<i>[Signature]</i>
15		301	4	<i>[Signature]</i>	15		110	0	<i>[Signature]</i>
16		324	4	<i>[Signature]</i>	16	4p	220	2	<i>[Signature]</i>
17		328	4	<i>[Signature]</i>	17	4p	124	0	<i>[Signature]</i>
18		247	4	<i>[Signature]</i>	18		182	0	<i>[Signature]</i>
19		350	4u	<i>[Signature]</i>	19		284	2	<i>[Signature]</i>
20		350	4u	<i>[Signature]</i>	20		85	0	<i>[Signature]</i>
21		330	4u	<i>[Signature]</i>	21		94	0	<i>[Signature]</i>
22	2:30 AM	94	0	<i>[Signature]</i>	22		242	2	<i>[Signature]</i>
23		71	0	<i>[Signature]</i>	23		68	0	<i>[Signature]</i>
24		177	0	<i>[Signature]</i>	24		97	0	<i>[Signature]</i>
25		186	0	<i>[Signature]</i>	25		95	0	<i>[Signature]</i>
26		79	0	<i>[Signature]</i>	26		121	Summ Guid in	<i>[Signature]</i>
27		101	0	<i>[Signature]</i>	27		104	Chart a	<i>[Signature]</i>
28		89	0	<i>[Signature]</i>	28		96	0	<i>[Signature]</i>
29		102	0	<i>[Signature]</i>	29		87	0	<i>[Signature]</i>
30		N	0	<i>[Signature]</i>	30		86	0	<i>[Signature]</i>
31		77	0	<i>[Signature]</i>	31		128	0	<i>[Signature]</i>

Pridemore Christopher
139858

DIABETIC RECORD

MONTH OF 6/06

A.M. DOSE

P.M. DOSE

DATE	TIME	BLOOD SUGAR	UNITS INSULIN	SIGNATURE	DATE	TIME	BLOOD SUGAR	UNITS INSULIN	SIGNATURE
01					01				
02					02	4p	204	2	
03		296	2		03	4p	237	2	
04		292	2		04	4p	291	2	
05		347	4		05	4p	349	4	M
06		334	4		06		308	4	M
07		354	4		07	4p	395	4	
08		329	4		08	4p	316	4	
09		W			09		364	4	M
10		313	4		10		394	4	M
11		305	4		11		390	4	M
12		W			12	4p	307	4	
3		333	4		13		394	4	M
14		378	4		14		382	2	
15		378	4		15		386	4	M
16					16		397	4	M
17		324	4		17		302	4	
18		342	4		18		321	4	
19		336	4		19		314	4	
20		310	4		20		304	4	
21		363	4		21		333	4	
22		351	4		22		308	4	
23		W			23		394	4	M
24		341	4		24		330	4	M
25		348	4		25		321	4	M
26		321	2		26		398	4	
27		426	6		27		393	4	
28		349	4		28		394	4	
29		348	4		29		398	4	
30		364	4		30		391	4	
31					31				

AL

DEPARTMENT OF CORRECTIONS

73012

Name: Pridmore, ChristopherState ID No.: 139858DOB: [REDACTED]Race: WSex: M

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Evoteling

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
<u>Darbouze</u>	<u>7/2/06</u>	<u>11:00AM</u>			

HISTORY/DIAGNOSIS:

Injury (L) Shoulder

X-RAY REQUEST

ABDOMEN/XUS	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	✓ SHOULDER (L)	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

Pridmore

REPORT

LEFT SHOULDER: The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

D & T: 07-05-06 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)

7/2/06

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

**PRISON
HEALTH
SERVICES
(INCORPORATED)**

NAME: Phumera, Chantapal I.D. # 139850 DOB: 1/1/1971
CELL SITE: _____
PHYSICIAN ORDER/INSTRUCTIONS: _____

"Check if results called to physician."

Date	Initials	Signatures

Date	Initials	Signatures
		<i>J. Smith</i> <i>gpn</i>

AL

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: EasterlingName: Pridmore, ChristopherState ID No: 139858DOB: [REDACTED]Race: NSex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
<u>Easterling</u>	<u>6/5/06</u>				

HISTORY/DIAGNOSIS:

X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP (L)	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WREST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

Pridmore

RIGHT HIP: The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

D & T: 06-07-06 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)

6/5/06

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

Pridmore, Chris
ID: 139858

06/04/2006 14:12:24

SINUS BRADYCARDIA
NO OTHER FINDING

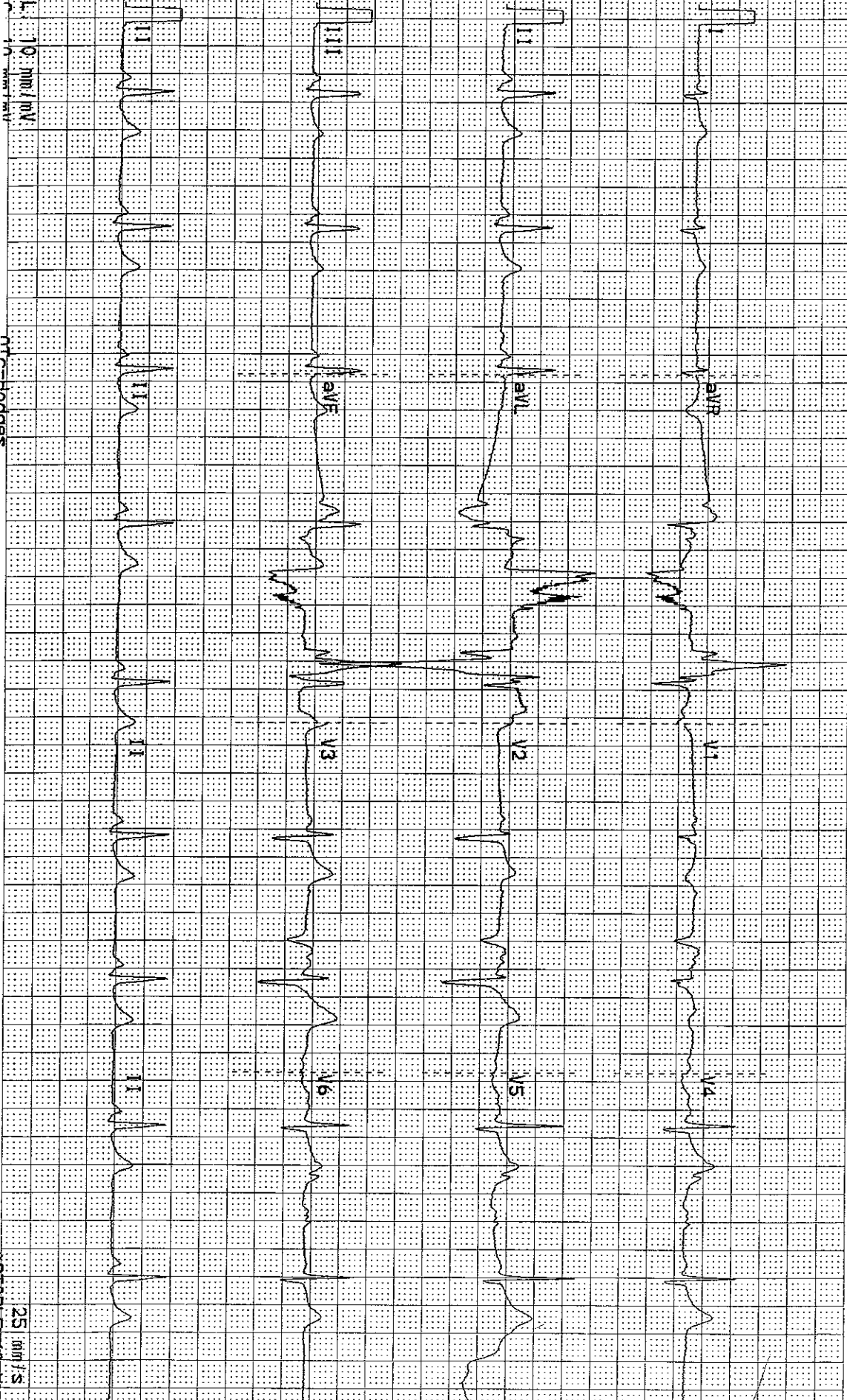
Pridmore

D.O.B.: [REDACTED] 42 YEARS
MALE
Meds:
Class:
Dr: carbouze
Tech: wambles

Vent. Rate:	55 bpm
RR Interval:	1075 ms
PR Interval:	122 ms
QRS Duration:	88 ms
QT Interval:	414 ms
QTc Interval:	406 ms
QT Dispersion:	42 ms
P-R-T AXIS:	104° 86° 70°

Summary: NORMAL ECG EXCEPT FOR RATE * Unconfirmed Analysis *

[Handwritten Signature]



Lead: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6

10 mm/mV

25 mm/s
STABLE 40 Hz

ID: #STAT#060519082717

05/19/2006 8:27:16

D.O.B.:

Meds:

Class:

Dr:

Tech:

Chis Med Note 139858

421

24/38

5/14

Vent. Rate:	70 bpm
RR Interval:	852 ms
PR Interval:	118 ms
QRS Duration:	90 ms
QT Interval:	398 ms
QTc Interval:	415 ms
QT Dispersion:	52 ms
P-R-T AXIS:	80° 82° 51°

SINUS RHYTHM

** INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER/AGE WITHIN NORMAL LIMITS

Summary: NORMAL ECG

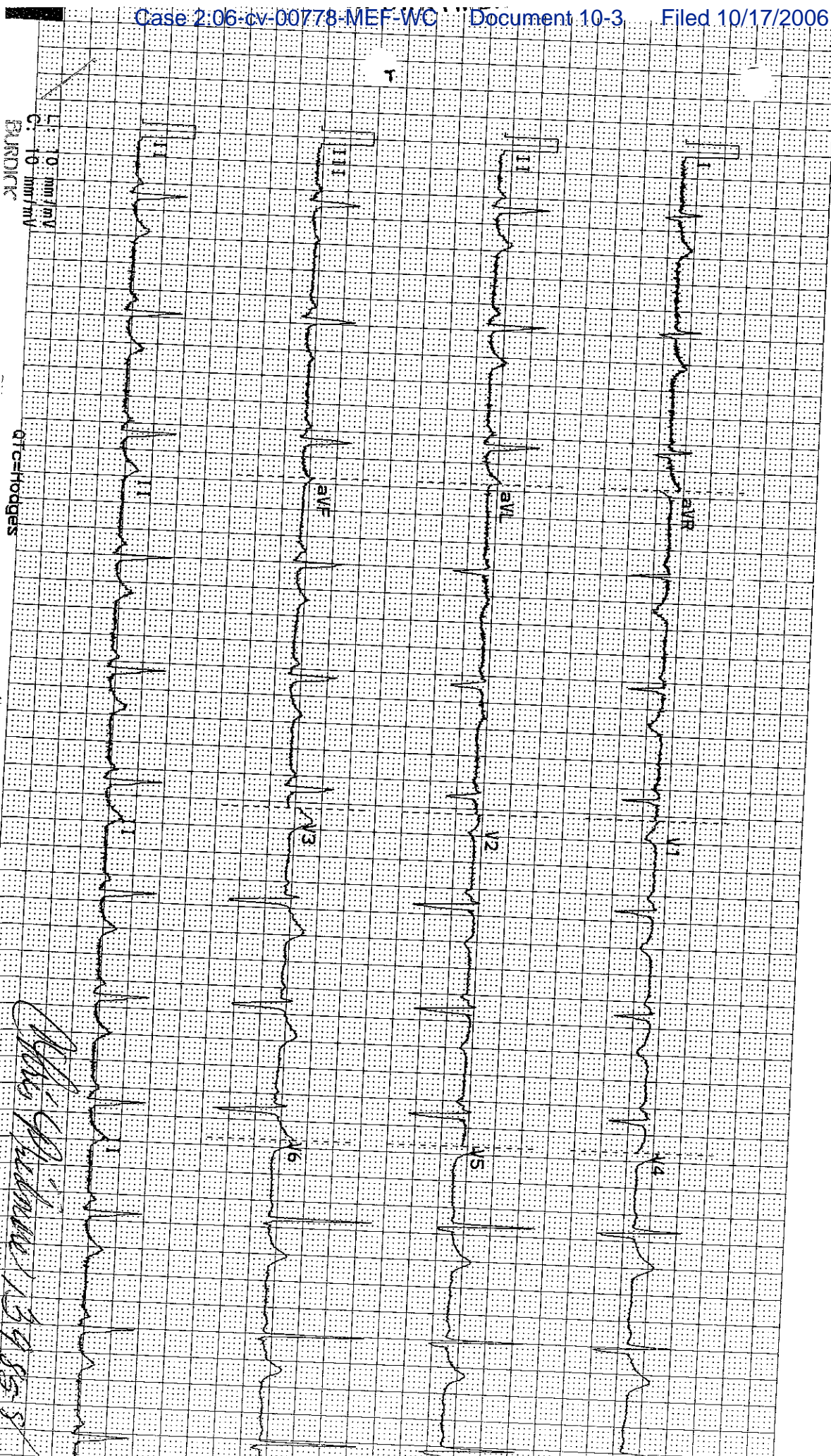
* Unconfirmed Analysis



L: 10 mm/mV
C: 10 mm/mV
BURDICK

QTc-Hodges

Chis Med Note 139858



HEALTHCARE CORRECTIONS:
RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Kilby

(PE)

E-100

State ID No: 139858

DOB: [REDACTED]

Race: W

Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>Lossiter</u>	Date of request <u>5/12/06</u>	Time of request	Routine	Priority	Transportation or special needs
---	-----------------------------------	-----------------	---------	----------	---------------------------------

HISTORY/DIAGNOSIS:

Dm

X-RAY REQUEST			
ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

Pridmore, Chris

Chest: The heart is not enlarged. The lungs are clear.

IMPRESSION: THERE IS NO EVIDENCE OF ACTIVE CARDIOPULMONARY DISEASE.

D: & T: 05-17-06 Thomas J. Payne, III, M.D./Jhi Board Certified Radiologist (Signature on file)

5/18/06

CM, RO
X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

LabCorp
Laboratory Corporation of AmericaLabCorp Birmingham
1801 First Avenue South
Birmingham, AL 35233

Phone: 205-581-3500

Specimen Number 229-397-0152-0	Patient ID 139858	Control Number BFX01488855	Account Number 01488855	Account Phone Number 334-397-4471	Account Delivery Route 01
Patient Last Name PRIDEMORE			Account Address Easterling Corr. Facility Prison Health Services 200 Wallace Dr. Clio AL 36017-0010		
Patient First Name CHRISTOPHER		Patient Middle Name			
Patient SSN	Patient Phone	Total Volume			
Age (Y/M/D) 42/10/06	Date of Birth [REDACTED]	Sex M	Fasting		
Patient Address			Additional Information		
			PROV:		
Date and Time Collected 08/17/06 09:00	Date Entered 08/17/06	Date and Time Reported 08/18/06 06:13ET	Physician Name	NPI	Physician ID DARBOUZE

Tests Ordered
Hepatitis, Diagnostic (Prof I); Hemoglobin A1c; HCV Ab w/Rflx to RIBA

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis, Diagnostic (Prof I)	Will Follow				

Hemoglobin A1c

A1c 5.1 % 4.5 - 5.7 MB
Current guidelines recommend a treatment goal of <7% for diabetic patients. A1c may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total glycohemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.

HCV Ab w/Rflx to RIBA

Will Follow

MB: LabCorp Birmingham 1801 First Avenue South, Birmingham, AL 35233 For inquiries, the physician may contact: Branch: 334-792-0902 Lab: 205-581-3500	Dir: John Elgin, MD
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PRIDEMORE, CHRISTOPHER	139858	229-397-0152-0	Seq # 0138
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PRELIMINARY REPORT

Page 1 of 1

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DOC1 Ver: 1.29



LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000



Phone: 205-581-3500

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
135-205-5117-0	S	MB	COMPLETE	1

ADDITIONAL INFORMATION

PE	5/12	FASTING: N	DOB: [REDACTED]
PATIENT NAME	SEX	AGE(YR/MOS)	
PRIDMORE, CHRISTOPH	M	42 / 7	
PT. ADD:			
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME
5/15/2006 7:01	5/15/2006	5/16/2006	9:29 664

CLINICAL INFORMATION

CD- 41139331158

PHYSICIAN ID	PATIENT ID
ROBBINS M	139858
ACCOUNT: Kilby Correctional Facility Prison Health Services 12201 Wares Ferry Road Mt. Meigs AL 36507-0000	
ACCOUNT NUMBER:	01306900

IESI	RESULT	LIMITS	LAB
------	--------	--------	-----

CMP14+LP+5AC

Chemistries

>	Glucose, Serum	46 L	mg/dL	65 - 99	MB
	Uric Acid, Serum	3.9	mg/dL	2.4 - 8.2	MB
	BUN	21	mg/dL	5 - 26	MB
	Creatinine, Serum	0.8	mg/dL	0.5 - 1.5	MB
	BUN/Creatinine Ratio	26		8 - 27	
	Sodium, Serum	141	mmol/L	135 - 148	MB
	Potassium, Serum	4.2	mmol/L	3.5 - 5.5	MB
	Chloride, Serum	104	mmol/L	96 - 109	MB
	Carbon Dioxide, Total	27	mmol/L	20 - 32	MB
	Calcium, Serum	9.5	mg/dL	8.5 - 10.6	MB
	Phosphorus, Serum	3.6	mg/dL	2.5 - 4.5	MB
	Protein, Total, Serum	7.2	g/dL	6.0 - 8.5	MB
	Albumin, Serum	4.3	g/dL	3.5 - 5.5	MB
	Globulin, Total	2.9	g/dL	1.5 - 4.5	
	A/G Ratio	1.5		1.1 - 2.5	
	Bilirubin, Total	0.4	mg/dL	0.1 - 1.2	MB
	Alkaline Phosphatase, Serum	98	IU/L	25 - 150	MB
	LDH	230	IU/L	100 - 250	MB
>	AST (SGOT)	68 H	IU/L	0 - 40	MB
>	ALT (SGPT)	129 H	IU/L	0 - 55	MB
	GGT	18	IU/L	0 - 65	MB
	Iron, Serum	106	ug/dL	40 - 155	MB

Lipids

	Cholesterol, Total	181	mg/dL	100 - 199	MB
	Triglycerides	143	mg/dL	0 - 149	MB
>	HDL Cholesterol	65 H	mg/dL	40 - 59	MB

Comment

HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.

VLDL Cholesterol Calc	29	mg/dL	5 - 40
LDL Cholesterol Calc	87	mg/dL	0 - 99
T. Chol/HDL Ratio	2.8	ratio units	0.0 - 5.0
Estimated CHD Risk	< 0.5	times avg	0.0 - 1.0

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg Risk	5.0	4.4

Pat Name: PRIDMORE CHRISTOPH	Pat ID: 139858	Spec #: 135-205-5117-0	Seq #: 664
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

(1)



LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000



Phone: 205-581-3500

SPECIMEN 135-205-5117-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
PE 5/12		FASTING: N DOB: [REDACTED]		
PATIENT NAME PRIDMORE, CHRISTOPH		SEX M	AGE(YR/MOS) 42 / 7	
PT ADD.:				
DATE OF COLLECTION TIME 5/15/2006 7:01	DATE RECEIVED 5/15/2006	DATE REPORTED 5/16/2006	TIME 9:29	664

CLINICAL INFORMATION CD- 41139331158	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 139858
ACCOUNT: Kilby Correctional Facility Prison Health Services 12201 Wares Ferry Road Mt Meigs AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
CMP14+LP+5AC			
Chemistries			
> Glucose, Serum	46 L mg/dL	65 - 99	MB
Uric Acid, Serum	3.9 mg/dL	2.4 - 8.2	MB
BUN	21 mg/dL	5 - 26	MB
Creatinine, Serum	0.8 mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	26	8 - 27	
Sodium, Serum	141 mmol/L	135 - 148	MB
Potassium, Serum	4.2 mmol/L	3.5 - 5.5	MB
Chloride, Serum	104 mmol/L	96 - 109	MB
Carbon Dioxide, Total	27 mmol/L	20 - 32	MB
Calcium, Serum	9.5 mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	3.6 mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.2 g/dL	6.0 - 8.5	MB
Albumin, Serum	4.3 g/dL	3.5 - 5.5	MB
Globulin, Total	2.9 g/dL	1.5 - 4.5	
A/G Ratio	1.5	1.1 - 2.5	
Bilirubin, Total	0.4 mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	98 IU/L	25 - 150	MB
LDH	230 IU/L	100 - 250	MB
> AST (SGOT)	68 H IU/L	0 - 40	MB
> ALT (SGPT)	129 H IU/L	0 - 55	MB
GGT	18 IU/L	0 - 65	MB
Iron, Serum	106 ug/dL	40 - 155	MB
Lipids			
Cholesterol, Total	181 mg/dL	100 - 199	MB
Triglycerides	143 mg/dL	0 - 149	MB
> HDL Cholesterol	65 H mg/dL	40 - 59	MB
Comment			
HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk			
VLDL Cholesterol Calc	29 mg/dL	5 - 40	
LDL Cholesterol Calc	87 mg/dL	0 - 99	
T. Chol/HDL Ratio	2.8 ratio units	0.0 - 5.0	
Estimated CHD Risk	< 0.5 times avg.	0.0 - 1.0	
T. Chol/HDL Ratio			
Men Women			
1/2 Avg. Risk 3.4 3.3			
Avg. Risk 5.0 4.4			

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

(P)



LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000



Phone: 205-581-3500

SPECIMEN 135-205-5117-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				
PE 5/12		FASTING: N DOB: 10/11/1964		
PATIENT NAME PRIDMORE, CHRISTOPH		SEX M	AGE(YR/MOS) 42 / 7	
PT ADD:				
DATE OF COLLECTION 5/15/2006	TIME 7:01	DATE RECEIVED 5/15/2006	DATE REPORTED 5/16/2006	TIME 9:29
664				
IESI		RESULT		LIMITS

CLINICAL INFORMATION CD-41139331158	
PHYSICIAN ID ROBBINS M	PATIENT ID 139858
ACCOUNT: Kilby Correctional Facility Prison Health Services 12201 Wares Ferry Road Mt Meigs AL 36507-0000	
ACCOUNT NUMBER: 01306900	

2X Avg Risk 9.6 7.1
3X Avg Risk 23.4 11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Microalb/Creat Ratio, Randm Ur

Creatinine, Urine	119.9	mg/dL	Not Estab.	MB
Microalbum, U, Random	10.0	ug/mL	0.0 - 17.0	MB
Microalb/Creat Ratio	8.3	ug/mg creat	0.0 - 30.0	

Hemoglobin Alc

Alc	5.0	%	4.5 - 5.7	MB
-----	-----	---	-----------	----

Current guidelines recommend a treatment goal of <7% for diabetic patients. Alc may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total glycohemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.

TSH	2.691	uIU/mL	0.350 - 5.500	MB
-----	-------	--------	---------------	----

LAB: MB LabCorp Birmingham 1801 First Avenue South, Birmingham, AL 35233-0000	DIRECTOR: John Elgin N MD
--	---------------------------

Pat Name: PRIDMORE CHRISTOPH	Pat ID: 139858	Spec #: 135-205-5117-0	Seq #: 664
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

2

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT MEIGS, AL 36057

DATE OF REPORT: 5/12/2006
TIME OF REPORT: 11:16 AM

ACCESSION NO NPY27/139858	NAME CHRISTOPHER PRIDMORE	FACILITY Kilby
-------------------------------------	-------------------------------------	--------------------------

DATE COLLECTED 5/12/06	TIME COLLECTED 8:30 AM
----------------------------------	----------------------------------

DATE RECEIVED 5/12/06	TIME RECEIVED 8:30 AM
---------------------------------	---------------------------------

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NEG		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NEG		NEGATIVE (NEG)
GLUCOSE	NEG		NEGATIVE (NEG)
KETONES	NEG		NEGATIVE (NEG)
BILIRUBIN	NEG		NEGATIVE (NEG)
BLOOD	NEG		< 5 RBC/MCL (NEG)
NITRITE	NEG		NEGATIVE (NEG)
UROBILINOGEN	NEG		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NEG		NEGATIVE (NEG)

* NT = Not Tested

5-16-06



LabCorp Birmingham
1801 First Avenue South, Birmingham AL 35233-0000



Phone: 205-581-3500

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
132-205-5065-0	S	MB	COMPLETE	1

ADDITIONAL INFORMATION

NPY27

FASTING: N
DOB: [REDACTED]

PATIENT NAME	SEX	AGE(YR./MOS.)
PRIDMORE, CHRISTOPH	M	42 / 7

PT. ADD.:

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/12/2006	6:00	5/12/2006	5/13/2006	7:15	583

CLINICAL INFORMATION

CD- 41139331070

PHYSICIAN ID	PATIENT ID
ROBBINS M	139858

ACCOUNT: Kilby Correctional Facility
Prison Health Services
12201 Wares Ferry Road
Mt Meigs AL 36507-0000
ACCOUNT NUMBER: 01306900

TEST	RESULT	LIMITS	LAB
CBC With Differential/Platelet			
White Blood Cell (WBC) Count	5.4 x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.48 x10E6/uL	4.10 - 5.60	MB
Hemoglobin	13.9 g/dL	12.5 - 17.0	MB
Hematocrit	40.8 %	36.0 - 50.0	MB
MCV	91 fL	80 - 98	MB
MCH	31.1 pg	27.0 - 34.0	MB
MCHC	34.2 g/dL	32.0 - 36.0	MB
RDW	13.8 %	11.7 - 15.0	MB
> Platelets	106 L x10E3/uL	140 - 415	MB
Neutrophils	50 %	40 - 74	MB
Lymphs	35 %	14 - 46	MB
Monocytes	10 %	4 - 13	MB
Eos	4 %	0 - 7	MB
Basos	1 %	0 - 3	MB
Neutrophils (Absolute)	2.7 x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.9 x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5 x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.2 x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

Pat Name: PRIDMORE, CHRISTOPH Pat ID: 139858 Spec #: 132-205-5065-0 Seq #: 583

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



EYE EXAMINATION SHEET

Facility: Easterling Date of Request: 7/11/06
 Subjective: DRE - eval. for glasses
 Past History: DM I

CONSULTATION REPORT

Snelling: OD W/Glasses

W/O Glasses

20/20

OPHTH & EXT:

Dilated Eye Exam

YES

NO

(circle one)

3

3

+3

+3

OS

Mydriatic solution 1 to 2 gts per eye

[Signature] Optometrist Signature

[Signature] Nurse Signature

Glaucoma: YES

NO

(circle one)

IOP: 19/19 11:30

Details:

New RX: OD

PL

OS

PL

+1.00

66/63

no DM Ret

Cataracts: YES

NO

(circle one)

Details:

Frame: 51

Size:

Color:

Seg Ht:

[Signature] Optometrist Signature/Date

Last Name First Middle DOB R/S AIS Number

Pridmore Christopher

DOB

R/S

AIS Number

[Redacted] w/m 139858

Facility Name: <u>SCT</u>		Month/Year of Charting: <u>8/04</u>																														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ASA EC 325mg qd x 6 mths	4	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
Start Date: <u>5-18-04</u>		Prescriber: <u>Don Rubbin</u>																														
Stop Date: <u>11-13-04</u>		RX #:																														
MOTRIN 600mg po tid prn x 14d	4	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9		
Start Date: <u>8-8-04</u>		Prescriber: <u>Dan Rubin</u>																														
Stop Date:		RX #:																														
ADT. Fungal Cream BID x 1 mth	4	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9		
Start Date: <u>8-16-2006</u>		Prescriber: <u>Flynn / Dr</u>																														
Stop Date: <u>9-15-2006</u>		RX #:																														
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date:																																
Prescriber:																																
Stop Date:																																
RX #:																																
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date:																																
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Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date:																																
Prescriber:																																
Stop Date:																																
RX #:																																

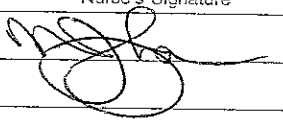
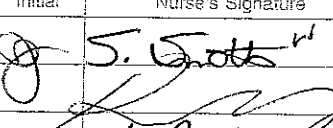
Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies: <u>NKA</u>	<u>S. Bolwick</u>	<u>S</u>	<u>J. Smith</u>	<u>S</u>	1 Discontinued Order 2 Refused 3 Patient out of facility 4 Charted in Error 5 Lock Down 6 Self Administered 7 Medication out of Stock 8 Medication Held 9 No Show 10 Other
Housing Unit: <u>139858</u>					
Patient ID Number:					
Patient Name:					
Date of Birth:					

Facility Name: Easterling Correctional Facility		Month/Year of Charting: 08/06				
Novolin R 100UNIT/ML Solution	1	Hour	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
Sliding Scale R Insulin						
201-300 = 2 units						
301-400 = 4 units						
401-500 = 6 units						
>501 8 units + Call MD						
Dr. Darbouze		Start Date: 06-06-2006	Prescriber: Darbouze, Jean			
		Stop Date: 09-03-2006	RX #: 251588840			
Novolin 70/30 70-30% Suspension	1	Hour	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
Inject 24 units subcutaneously every morning & inject 14 units subcutaneously every evening						
		Start Date: 06-07-2006	Prescriber: Darbouze, Jean			
		Stop Date: 09-04-2006	RX #: 251596675			
Insulin 70/30		Hour	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
24u qam						
18u qpm						
		Start Date: 7/17/06	Prescriber: Darbouze			
		Stop Date: 10/17/06	RX #:			
		Hour	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
		Start Date:	Prescriber:			
		Stop Date:	RX #:			
		Hour	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
		Start Date:	Prescriber:			
		Stop Date:	RX #:			
Diagnosis	N/A	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies						1 Discontinued Order
Housing Unit:	Population					2 Refused
Patient ID Number:	139858					3 Patient out of facility
Patient Name:	Pridmore, Christopher					4 Charted in Error
						5 Lock Down
						6 Self Administered
						7 Medication out of Stock
						8 Medication Held
						9 No Show
						10 Other

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies	<i>[Signature]</i>	<i>[Initial]</i>	<i>[Signature]</i>	<i>[Initial]</i>	<input type="checkbox"/> 1 Discontinued Order <input type="checkbox"/> 2 Refused <input type="checkbox"/> 3 Patient out of facility <input type="checkbox"/> 4 Charted in Error <input type="checkbox"/> 5 Lock Down <input type="checkbox"/> 6 Self Administered <input type="checkbox"/> 7 Medication out of Stock <input type="checkbox"/> 8 Medication Held <input type="checkbox"/> 9 No Show <input type="checkbox"/> 10 Other
Housing Unit:					
Patient ID Number:					
Patient Name:					
Dridmore Christopher			Date of Birth: <i>[Redacted]</i>		

Facility Name: <u>Eastford</u>		Month/Year of Charting: <u>7/56</u>																														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ASA EC 325 mg PO x 6 6mths	4A	5	9	9	1	2	3	9	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
Start Date: <u>5/18/56</u>		Prescriber: <u>Parham R. Brown</u>																														
Stop Date: <u>11-13-56</u>		RX #																														
Tylenol 1 gram b.i.d. PRN x 30 days	4A	5	9	9	1	2	3	9	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9		
Start Date: <u>6/5/56</u>		Prescriber: <u>Parham</u>																														
Stop Date: <u>7/5/56</u>		RX #																														
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date: Prescriber: RX #																																
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date: Prescriber: RX #																																
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date: Prescriber: RX #																																
Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																																
Start Date: Prescriber: RX #																																

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies: <u>NKA</u>	<u>Shannon</u>	<u>A</u>	<u>Shannon</u>	<u>AS</u>	1 Discontinued Order
Housing Unit: <u>13 9858</u>	<u>Shannon</u>	<u>g</u>			2 Refused
Patient ID Number: <u>13 9858</u>					3 Patient out of facility
Patient Name: <u>Discharge</u>					4 Charted in Error
					5 Lock Down
					6 Self Administered
					7 Medication out of Stock
					8 Medication Held
					9 No Show
					10 Other

Facility Name: <u>ECF</u>		Month/Year of Charting: <u>06/06</u>																														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Insulin 70/30 204 gpm 104 gpm	4A	→ 856																														
	4P	→ 856																														
	Jenawork																															
Start Date: <u>5/5/06</u>		Prescriber:																														
Stop Date: <u>11/10/06</u>		RX #:																														
Sliding Scale Sliding Scale R Insulin 201-300 = 2 units 301-400 = 4 units 401-500 = 6 units >501 8 units + Call MD Dr. Darbouze	4A	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	4P	9	9	9	3	5	2	1	3	3	7	7	2	9	3	7	6	5	1	4	2	2	4	6	1	3	1	6	9	8	9	
	4u																															
Start Date: <u>6/2/06</u>		Prescriber: <u>Darbouze</u>																														
Stop Date:		RX #:																														
	4P	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	4P	0	3	9	4	0	4	1	6	9	0	8	9	8	9	0	2	1	0	3	0	9	3	2	9	9	9	9	9	9	9	
	4P	4	7	1	9	5	6	4	4	0	4	4	6	7	2	1	6	4	3	8	4	0	1	8	3	9	8	1	1	1	1	
Start Date:		Prescriber:																														
Stop Date: <u>9/2/06</u>		RX #:																														
↑ Insulin 70/30 24 units PAM 1 14 units PAX 900's	4A	→ 5 units by 10am 9/2/06 10/1/06 10/2/06 10/3/06 10/4/06 10/5/06 10/6/06 10/7/06 10/8/06 10/9/06 10/10/06 10/11/06 10/12/06 10/13/06 10/14/06 10/15/06 10/16/06 10/17/06 10/18/06 10/19/06 10/20/06 10/21/06 10/22/06 10/23/06 10/24/06 10/25/06 10/26/06 10/27/06 10/28/06 10/29/06 10/30/06 10/31/06																														
	4P	→ 10/1/06 10/2/06 10/3/06 10/4/06 10/5/06 10/6/06 10/7/06 10/8/06 10/9/06 10/10/06 10/11/06 10/12/06 10/13/06 10/14/06 10/15/06 10/16/06 10/17/06 10/18/06 10/19/06 10/20/06 10/21/06 10/22/06 10/23/06 10/24/06 10/25/06 10/26/06 10/27/06 10/28/06 10/29/06 10/30/06 10/31/06																														
Start Date: <u>6/5/06</u>		Prescriber: <u>Darbouze</u>																														
Stop Date: <u>9/5/06</u>		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Diagnosis	Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Codes																									
Allergies <u>NKA</u>			<u>S. Smith</u>			<u>S. Smith</u>	1 Discontinued Order 2 Refused 3 Patient out of facility 4 Charted in Error 5 Lock Down 6 Self Administered 7 Medication out of Stock 8 Medication Held 9 No Show																									
Housing Unit:																																
Patient ID Number: <u>139858</u>																																
Patient Name:																																

Facility Name: <u>Eastering</u>		Month/Year of Charting: <u>6/06</u>																														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Tylenol 1 gram b.i.d PRN X 3 days	4A																															
	4P																															
Start Date: <u>6/5/06</u>		Prescriber: <u>Darbore</u>																														
Stop Date: <u>7/5/06</u>		RX #:																														
Feldene 20mg qpm PRN X 14 days	4P																															
Start Date: <u>6/5/06</u>		Prescriber: <u>Darbore</u>																														
Stop Date: <u>6/19/06</u>		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies: <u>NKA</u>	<u>J. McKinnon</u>	<u>J</u>	<u>S. Smith</u>	<u>S</u>	1 Discontinued Order
Housing Unit: <u>139858</u>	<u>M. Moore</u>	<u>M</u>			2 Refused
Patient ID Number: <u>139858</u>	<u>M. Jones</u>	<u>M</u>			3 Patient out of facility
Patient Name: <u>Pridmore, Christopher</u>	<u>TL</u>	<u>T</u>			4 Charted in Error
					5 Lock Down
					6 Self Administered
					7 Medication out of Stock
					8 Medication Held
					9 No Show
					10 Other

DM

Facility Name: KCF Month/Year of Charting: 5/06

Humulin 70/30 insulin
20 units SQ q
Am x 180d

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

3A → [Signature]

Start Date: 5/12/06 Prescriber: Lassiter Camp
Stop Date: 11/13/06 RX #:

Humulin 70/30 insulin
10 units SQ q
pm x 180d

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

3P → [Signature]

Start Date: 5/12/06 Prescriber: Lassiter Camp
Stop Date: 11/13/06 RX #:

AFC AAA b.i.d
x 30d

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

K
p

Start Date: 5-12-06 Prescriber: Lassiter Camp
Stop Date: 6-13-06 RX #:

ASAEC 325mg ipd
Qd x 180 days

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:
Stop Date: RX #:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:
Stop Date: RX #:

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: Prescriber:
Stop Date: RX #:

Diagnosis

Allergies nkda

Housing Unit: 139858

Patient ID Number: 139858

Patient Name: D. A. [Signature]

Nurse's Signature: [Signature] Initial: ab

Nurse's Signature: [Signature] Initial: ab

Documentation Codes

- 1 Discontinued Order
- 2 Refused
- 3 Patient not available
- 4 Charted in Error
- 5 Lock Down
- 6 Self-administered
- 7 Medication not given
- 8 Medication not given
- 9 No Sign

DM

Facility Name: <u>LCF</u>		Month/year of Charting:																														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<u>Humilin 70/30 SQ</u> <u>200 units AM</u>	<u>09:00</u>	<u>NA</u>																														
Start Date: <u>5/21/06</u>		Prescriber: <u>Lassiter</u>																														
Stop Date: <u>6/11/06</u>		RX #:																														
<u>Humilin 70/30 SQ</u> <u>10 unit PM</u>	<u>15:00</u>	<u>NA</u>																														
Start Date: <u>5/21/06</u>		Prescriber: <u>Lassiter</u>																														
Stop Date: <u>6/11/06</u>		RX #:																														
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Start Date:		Prescriber:																														
Stop Date:		RX #:																														

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	1 Discontinued Order
					2 Refused
					3 Patient out of facility
					4 Charted in Error
					5 Lock Down
					6 Self-administered
					7 Medication not Stop
					8 Medication not
					9 No Stop

CHARTING FOR 5/1/66		THROUGH 5/31/66	
Physician K. Spadrick		Telephone No.	Medical Record No.
All. Physician		All. Telephone	
Allergies MKA		Rehabilitative Potential	
Diagnosis			
Medical Number	Medicare Number	Approved By Doctor:	
		By:	Title:
		DOB:	Date:
		Sex:	
		Room:	
		Patient:	
		Admission:	

Diagnosis							
Medical Number		Medicare Number		Approved By Doctor:			
				By:		Title:	Date:
D. D. ...		DOB: ...		Sex: M	Room: A	Patient: ...	Admission: ...

Date/Time	Inmate's Name: <i>Pauline Christopher</i>	D.O.B.: <i>[REDACTED]</i>
6/23/06	<p><i>5'6"</i></p> <p><i>1/2 Drunk. Yellow I report for boots</i> <i>4/6 black, to feet 2nd walking the the</i> <i>sports shoes</i></p>	
0	<p><i>lead, 2nd</i></p> <p><i>king, 1st</i> <i>front: 1st</i></p> <p><i>hpt: 1st</i></p> <p><i>small 2nd on the 1st</i></p> <p><i>no 2nd / 1st</i></p> <p><i>1st: 1st, for boots, 2nd</i> <i>1st 1st</i></p>	
7/13/06	<p><i>WT 150 B/P-110/70 P-76 R16 T 92?</i></p> <p><i>S/C profile BS-65</i></p>	
7/14/06	<p><i>4/14/06: 5.0 2/16/06</i></p> <p><i>Acquainted Aug 321 → 426 Aug 321 → 394</i></p> <p><i>1st on 1st for 1st 1st 1st</i> <i>to 24 Aug 14 Aug</i></p> <p><i>Acquainted Aug 168 → 426 Aug 97 → 367</i></p> <p><i>1st: 1st 1st 1st 24 Aug 18 Aug</i></p>	

FHS

Nursing Evaluation Tool:

General Sick Call

Facility: KCF
 Patient Name: Pridmore, Chris
 Inmate Number: 134858 Last
 Date of Report: 5/26/06 MM DD YYYY
 Date of Birth: [REDACTED] MM DD YYYY
 Time Seen: 6:30 AM PM Circle One

Subjective: Chief Complaint(s): My pinky finger started turning purple
 Onset: + swelling yesterday
 Brief History: 42 yb wmc Hx of IPDM, deteriorating R hip
(Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 98.2 P: 100 RR: 18 B/P: 120/70 Wt: 138
(Continue on back if necessary)
 Examination Findings: 5th digit Lt hand - swelling + some discoloration
limited ROM

Assessment: (Referral Status) Preliminary Determination(s): Alt in comfort n/r (Check here if additional notes on back)
☒ Referral **NOT REQUIRED**
☒ Referral **REQUIRED** due to the following: (Check all that apply)
☐ Recurrent Complaint (more than 2 visits for the same complaint)
☒ Other: alone statement

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:
☐ Instructions to return if condition worsens.
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ Other:

OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): B Adams and

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Date for referral: 5/26/06 MM DD YYYY

x Lorraine Graves
 Nurse Signature

Name: Lorraine Graves
 Printed

Print Name: Chris Pridmore Date of Request: 5/25/06
ID # 139858 Date of Birth: [REDACTED] Location: M-188
Nature of problem or request: Jammed pinky finger, blisters on
right toes, and sun is bothering me in the
mornings making me dizzy and really thirsty.

GLF-1002 (1/4)

PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
6/2/06 8:55	Pridmore Christopher	[REDACTED]
6/5/06	Rec'd @ ECF. Access to healthcare & kitchen & clearance completed. Placed on CC list for DM. — H. Jones Chart screened by Mental Health. No services needed at present time. — K. Flowers, LP	
6/5/06	wt 144 Bp -110/60 P-606 R16 S/C chest pain 102 Sat 9690 BS-383 New pt.	
	- EDAM II diagnosed at birth - D/D R Hip (occasional spurring & arthritis noted; 1/2 inch R chest wall with very mild pushing over the R chest wall - no spurring/thinning.	
0.	10AZ, x24 Lungs: cxa Heart: n/a	(Pron. R) R 30 MM R 30 3 PM R 20 HS
	Chest: + mild R anterior chest wall Ap: p edo - +2 SP/RS L hip: + tenderness Bow: full + pain	1/2 H, c, 5 1/2 H: 2.09 Juan Mendez: 10 -DL: 87 1/2L: 65
6/5/06	DM 5, 7/2 chest wall burn. Dr. ↑ Burns 7/20 to 24 Aug 14 PM - Tylenol, Lidocaine Bx X-ray of R hip.	



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Chris Pridmore Date of Request: 8/18/06
 ID # 139858 Date of Birth: [REDACTED] Location: 6A-38
 Nature of problem or request: Would like to know what
my blood work showed and to know
if hepatitis C & B is in my system or
not.

Christopher Pridmore
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p align="center">RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

Ⓟ see net Ⓟ
test

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

Chris Pridmore

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE
 Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: PR. [unclear] CHIS

Inmate Number: 139 888 Date of Birth: [redacted] MM DD YYYY

Date of Report: 8/12/06 MM DD YYYY WT: 148 Time Seen: 7:00 AM/PM Circle One

Subjective: Chief Complaint(s): "lab results"

Onset: _____

Brief History: Inmate to sick call for inquiry on
(Continue on back if necessary) lab results from lab work he had on

8/15/06 for hep C - profile K

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 97 P: 67 RR: 14 B/P: 90 / 60

Examination Findings: Inmate instructed to check back
(Continue on back if necessary) for results due to no results at this time

due to pending labs K

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s): _____
☒ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

OTC Medications given ☒ NO ☐ YES (If Yes List): _____

Referral: ☒ NO ☐ YES (If Yes, Whom/Where): _____ Date for referral: 1 / 1 / 06

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time _____

Nurses Signature: [Signature] Name: Kelly Johnson Printed



(Dentist)

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Chris Pridmore Date of Request: 8/8/06
ID # 139858 Date of Birth: [REDACTED] Location: 6A-38
Nature of problem or request: I am want to see dentist
to have upper and lower plates made. I
already have all teeth removed.

Chris Pridmore
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

(O)bjective **(V/S):** T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

*see
Waiver*

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Dax

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Chris Bridmore Date of Request: 8/2/06
 ID # 139858 Date of Birth: [REDACTED] Location: 6A-28
 Nature of problem or request: checking to find out
about being re-scheduled for doctor
cause arthritis in knee is bad and
I still get light headed need extra work
Chris Bridmore
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date: <u>8/5/06</u>	
Time: <u> </u>	
Receiving Nurse Initials <u>AME</u>	

(S)ubjective:

*MD appt
Scheduled
8/8/06
Tuesday*

*Waiver 8-3-06
auto*

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



RELEASE OF RESPONSIBILITY

Inmate's Name: Pridmore, Chris

Date of Birth: [REDACTED] Social Security No: AISH 13985 8

Date: 8-3-06 Time: 9:25 AM

This is to certify that I, Chris Pridmore, currently in
(Print Inmate's Name)

custody at the Easterling, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: SICK call 8-3-06
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Chris Pridmore
(Signature of Inmate)**

CWambers
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Chris Pridmore Date of Request: 7/23/06
 ID # 139858 Date of Birth: [REDACTED] Location: 6A-38
 Nature of problem or request: Been having trouble with
my knee and trouble with dizzy
spells. Need to get bottom bed profile
due to these problems and see about cane
Chris Pridmore
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	<u>7/24/06</u>
Time:	<u> </u>
Receiving Nurse Initials	<u>CML</u>

(S)ubjective:

Waiver 7-25-06
(WRW)

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Chris Pridmore Date of Request: 7/3/06
 ID # 138858 Date of Birth: [REDACTED] Location: 7B-12
 Nature of problem or request: need to get bottom bed
profile due to dizzy spells from sugar
high. also need to get anti fungal cream
for feet cause mine is out.

Christopher Pridmore
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/5/06
3:30 enorm
 Time: 330 AM PM
 Allergies: _____

<p>RECEIVED</p> <p>Date: <u>7-4-06</u></p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

See Net tool dated 7/5/06
upr

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Prudmore ChrisInmate Number: 139858 LastDate of Birth: [REDACTED] First MIDate of Report: 7, 5, 06 MM DD YYYYTime Seen: 330 AM / PM ☒ Circle One

Subjective: Chief Complaint(s): "I need to get a bottom bunk profile. I get
 Onset: X 1 month dizzy spells sometimes when my sugar
is high."

Brief History:

(Continue on back if necessary)

FSBS 303 Wt-146#

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98° P: 86 RR: 18 B/P: 116 / 70

Examination Findings: W/m ambulates c even, steady gait. A+ x3 Resp
to ease. Skin warm + dry to touch. States "my sugar has not
been under 300 three hundred since I've been here."
Request to see MD for evaluation

☐ Check Here if additional notes on back**Assessment: (Referral Status)****Preliminary Determination(s):**☐ Referral **NOT REQUIRED**☒ Referral **REQUIRED** due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☒ Other: to be evaluated by MD

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

OTC Medications given ☒ NO ☐ YES (If Yes List): _____

Referral: ☒ NO ☐ YES (If Yes, Whom/Where): Dr DarkouzeDate for referral: 7 / 10 / 06 MM DD YYYYReferral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

Time _____

x

CWambles RN
 Nurses Signature

Name:

CWambles RN
 Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Chris Bridmore Date of Request: 6/17/06
ID # 139858 Date of Birth: [REDACTED] Location: 2B-12
Nature of problem or request: right foot is full of blisters from wearing tennis shoes.

Chris Bridmore
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/19/06
Time: 540 AM ☒ PM
Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

See net tool dated 6-19-06
CWRN

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

X Chris Bridmore

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Pridemore, ChristopherInmate Number: 139858Date of Birth: [REDACTED]Date of Report: 10 / 19 / 06Time Seen: 5 40 AM / PM Circle One

Subjective: Chief Complaint(s): "I've got blisters from wearing tennis shoes."

Onset: x 2 weeks

Brief History:

(Continue on back if necessary)

wt-144# SpO2 99% A

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98 P: 92 RR: 18 B/P: 106 / 74

Examination Findings:

(Continue on back if necessary)

AxT x3 Ambulates even, steady gait. Resp c
clear. Skin warm + dry to touch. Small blister noted to
3rd digit of (L) foot. Drainage noted. Pt is diabetic
and request diabetic boots

☐ Check Here if additional notes on back**Assessment: (Referral Status)**

Preliminary Determination(s):

☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☒ Other: to be evaluated by MD

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List):Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr DarboushDate for referral: 10/27/06Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x

CWambles RN
 Nurses Signature

Name:

CWambles RN
 Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Chris Pridmore Date of Request: 6/3/06
ID # 139858 Date of Birth: [REDACTED] Location: 7B-12
Nature of problem or request: feet are swelling, having
some chest pains and sun is causing
headaches as well as pain from right hip
injury.

Chris Pridmore
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/4/06
Time: 2:20 AM ☒ PM
Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: See N4 tool dated 6-4-06
(WPK)

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

Chris Pridmore

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

Chest Pain

Facility: Alabama Department of Corrections

Patient Name: Prindmore, ChrisInmate Number: 139858

Last

Date of Birth: MM DD YY

First

MI

Date of Report: 6/14/06

MM

DD

YY

Time Seen: 2:20 AM / PM Circle One**Subjective:** Chief Complaint(s): "I'm having chest pains"Onset: 1 weekActivity prior to onset: walking to chowHistory: States "I've had a cold and I think it could be related"
(Continue on back if necessary)Description of Pain: ☐ Burning ☒ Stabbing ☐ Dull/Achy ☐ Pressure-like ☐ Crushing ☐ Other: _____☐ Check Here if additional notes on backDuration of Pain: ConstantDoes anything relieve the pain? DeniesOnset of Pain: ☐ New onset ☐ Sudden ☐ Gradual ☐ Chronic Pain Scale: (1-10) 8 History of injury? ☐ YES ☒ NORadiation: ☒ No radiation ☐ Radiation to: _____Aggravating Factors: ☒ Exertion ☐ Stress ☐ Food intake ☐ Movement ☐ Coughing ☐ Other: _____Associated Symptoms: ☐ Nausea/Vomiting ☐ Diaphoresis ☐ Dyspnea ☐ Syncope ☐ Cough ☐ Sputum production ☐ Hemoptysis☐ Fever ☐ Chills"Shortness of breath"Cardiac Risk Factors: ☒ Family history ☐ Smoke: ppd years ☐ Hypertension ☐ Diabetes ☐ Hyperlipidemia ☐ CADHistory of: ☐ Peptic ulcer ☐ Illicit drug use ☐ Cardiac disease ☐ Nitroglycerin use**Objective:** Vital Signs: (As Indicated) T: 98.2 P: 68 RR: 18 B/P: 112/74
Pulse Ox %: 96 % ☐ Room Air ☐ O2 LPM: ✓General Appearance: ☒ No acute distress ☐ Alert ☐ Oriented x 3 ☐ Anxious ☐ Acute distressColor: ☐ Normal ☐ Pale ☐ Flushed ☐ Cyanotic ☐ JaundicedSkin: ☐ Warm ☐ Dry ☐ Cool ☐ Moist/Clammy

Lung sounds:

Right

Left

☒☐☐☐☐

Clear

Diminished

Crackles

Rhonchi

Wheezing

EKG ordered? ☒ YES ☐ NOEKG interpretation / computer read or available for physician? ☒ YES ☐ NO☐ Additional Examination: 0/0 (Upper chest pain & radiation)
(Continue on back if necessary)☐ Check Here if continued on back**Assessment: (Referral Status)**

Preliminary Determination(s): _____

☐ Referral NOT Required☒ Referral Required due to the following: (Check all that apply)☐ Acute distress☐ Abnormal vital signs☐ Recurrent Complaint (More than 2 visits for same complaint)☐ Cardiac history☐ Suspicious cardiac symptomatology☒ Cardiac Risk Factor present☐ History of recent illicit drug use☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply: Acute distress - arrange for immediate emergency transport☒ Administer oxygen if in acute distress☐ ASA _____ mg po☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☒ Instructions to return if condition worsens.☐ Other: _____OTC Medications given ☐ NO ☒ YES (If Yes List): Tylenol 650mg po BID PRNReferral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. DarbouzeDate for referral: 6/16/06Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

Time _____

x Adam W. RN
Nurses SignatureName: C. Wambles RN
Printed



Nursing Evaluation Tool:

Upper Respiratory
Complaints

Facility: Alabama Department of Corrections

Patient Name: Pradmore, Christopher

Inmate Number: 139858 Last

Date of Report: 6/4/06 MM DD YYYY

Date of Birth: [REDACTED] First MI

Time Seen: 2:20 AM / PM Circle One

Subjective: Chief Complaint(s): ☒ Runny/Stuffy Nose ☒ Sneezing ☐ Sore Throat ☐ Swollen Glands ☐ Headache ☐ Fever
(Check All That Apply)

☐ Malaise ☐ Earache Cough: ☐ No ☒ Yes: ☐ Non-productive ☒ Productive: (sputum description): green

☐ Other: _____

Onset: X 3 weeks

History:

(Continue on back if necessary)

History of Asthma: ☒ No ☐ Yes Cardiac/CHF history: ☐ No ☐ Yes ☐ Check Here if additional notes on back

History of HIV Disease: ☒ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 98.2 P: 68 RR: 18 B/P: 112/74

Eyes: ☒ Clear ☐ Watery ☐ Injected (red) Drainage: ☒ No ☐ Yes: _____

Nose: Congestion: ☐ No ☒ Yes Drainage: ☐ No ☐ Yes: _____

Throat examination: ☒ Normal ☐ Red ☐ Enlarged tonsils ☐ Edematous

Neck: ☒ Normal ☐ Enlarged Lymph Nodes

Lung sounds: Right Left

☒ Clear ☒ Clear

☐ Diminished ☐ Diminished

☐ Crackles ☐ Crackles

☐ Rhonchi ☐ Rhonchi

☐ Wheezing ☐ Wheezing

☐ Additional Examination: A+ OX3 Resp ease. Skin warm + dry to touch

(Continue on back if necessary)

NAD noted

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s): _____

☒ Referral Required referral due to the following: (Check all that apply)

- ☐ Abnormal Vital Signs ☐ Inability to swallow ☐ Significant shortness of breath ☐ Recurrent Complaint (More than 2 visits)
- ☐ Abnormal Lung exam ☐ Significant Wheezing which does not improve with inhaler ☒ Other: to be evaluated by MD

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

- ☒ Advise rest and oral fluid intake ☐ Warm saline gargles PRN
- ☒ If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved
- ☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up: ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
- ☐ Other: _____

(Describe)

☐ OTC Medications given (CTM 4 mg, Tylenol 650 mg Bid po prn x 2 days) ☐ NO ☐ YES (If Yes List):

CTM 4mg po BID PRN x 3 days, Tylenol 650mg po BID PRN x 3 days, Hytuss

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Danbaring Date for referral: 6/6/06 MM DD YYYY

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

CWambles RN
Nurses Signature

Name: CWambles RN
Printed



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
8/16/06	WT-142 BP 110/80 P 60 H 18 T 97	[REDACTED]
	BS-86 SIC Reassess profile, (L) knee pain	
	Swollen in knee on left - 1/2 2, 3 year ago while working on a farm. Request for MRI	
	WAS, 4/07	
	In knee: no effusion, no deformity, no tenderness	
	2011 full, no pain, some no instability	
8/16/06	Antalgics left knee	
	RL: Motion good	
	X-ray in knee	
	Bob not indicated at this time	



DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record Institution: <u>ECF</u> Date: <u>6/2/06</u> Time: <u>855</u> AM/PM RECEIVED FROM: Institution/Work Release Center/Free-World Hospital <u>Kilby</u> RECEIVING MEDICAL STATUS <input checked="" type="checkbox"/> Population <input type="checkbox"/> Infirmary <input type="checkbox"/> Isolation	RELEASED: Inmate/Health Record Institution: <u>Kilby</u> Date: <u>6/1/06</u> Time: _____ AM/PM RELEASE FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASE TO: <input checked="" type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input type="checkbox"/> <u>Easterly</u> Institution/Work Release Center/Free-World Hospital	ALLERGIES: <u>NKDA</u> PHYSICAL EXAMINATION Date of last exam: <u>5/12/06</u> Chest X-Ray Date: _____ Result: _____ PPD Reading <u>5-11-06</u> <u>Brum</u> Classification: _____ Limitations: _____
--	--	--

LAB RESULTS - - LAST REPORT CBC Date: <u>5/12</u> Urinalysis Date: <u>5/12</u> Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Wears Glasses/Contacts <input type="checkbox"/> <input checked="" type="checkbox"/> Dental Prosthesis <input type="checkbox"/> <input checked="" type="checkbox"/> Hearing Aide <input type="checkbox"/> <input checked="" type="checkbox"/> Other Prosthesis <input type="checkbox"/> <input checked="" type="checkbox"/>
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CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS
Diabetic

CURRENT MEDICATION - - DOSAGE AND FREQUENCY <u>Humulin 10/30 20u qAm x180 days</u> <u>Humulin 10/30 10u qAm x180 days</u> <u>ECASA 325mg PO qd x180 days</u>	MEDICATIONS <input type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate X-RAY FILM <input type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate HEALTH RECORD <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate Released to: <u>Easterly</u> Date: _____ Time: _____ AM/PM MEDICATIONS <input checked="" type="checkbox"/> Received <input type="checkbox"/> Not Received X-RAY FILM <input type="checkbox"/> Received <input checked="" type="checkbox"/> Not Received HEALTH RECORD <input checked="" type="checkbox"/> Received <input type="checkbox"/> Not Received CHART REVIEWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Received by: <u>MD Shash</u> Signature of Receiving Nurse Date: <u>6/2/06</u> Time: <u>855</u> AM/PM
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SCHEDULE FOR CHRONIC CARE CLINIC
 DATE: 5/17/06 LAST CLINIC: DM

FOLLOW-UP CARE NEEDED	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental			<u>DM</u>	
<input type="checkbox"/> Mental Health			<u>DM</u>	

NURSING ASSESSMENT (SENDING NURSE) History: Drug Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mental Illness <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Suicide Attempt <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chronic Care <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Status: Special Diet <input type="checkbox"/> Appearance <input type="checkbox"/> OTHER PERTINENT NURSING ASSESSMENT	NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment) SKIN: Open Sores <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lice <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Edema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Warm & Dry <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cool & Moist <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CONDITION: Alert <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Oriented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Uncooperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Depressed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	INTAKE Sick Call Procedures Explained <u>Y</u> Height <u>6'</u> Weight <u>143</u> Blood Pressure <u>102/70</u> Temperature <u>98.9</u> Pulse Resp. <u>77/20</u> Other <u>O2 Sat 92%</u>
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Signature of Nurse Completing Assessment (Sending Nurse) <u>Anthony Brown</u> Date: <u>6/1/06</u>	Signature of Intake Screening Nurse (Receiving Nurse) <u>MD Shash</u> Date: <u>6/2/06</u>	
INMATE NAME (LAST FIRST MIDDLE) <u>Rudmore Christopher</u>	DOB <u>139888</u>	Race/Sex <u>Am R/L</u>



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Pridmore Christopher</i>	DIAGNOSIS (If Chg'd)
# <i>139858</i>	<i>Slide Scale 201-300 = 2</i>
D.O.B. [REDACTED]	<i>301-400 = 4</i>
ALLERGIES: <i>NKA</i>	<i>401-500 = 6</i>
Use Second Date <i>6/2/06</i>	<i>> 501 = 8 + cal mg</i>
	<i>X 90 days</i>
	<i>Dr. DeLonge</i>
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Pridmore, Christopher</i>	DIAGNOSIS
<i>139858</i>	<i>- ECG Referral</i>
D.O.B. [REDACTED]	<i>- Humulin 70/30 SQ 20units AM + 10u PM x 32 days</i>
ALLERGIES: <i>NKA Water</i>	<i>- BS vs 3A + 3p x 180d</i>
Use First Date <i>5/11/06 5/14/06</i>	<i>V.O. Laxative 4000 / 1000 / 1000</i>
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Pridmore Christopher
#139858

D.O.B. [REDACTED]

ALLERGIES: NKA

Use Third Date 8/27/06

DIAGNOSIS (If Chg'd)

Insulin 10/30 24 ugm 18ugpm
Sliding Scale R 201-300=2
301-400=4
401-500=6
>501=8+call mo☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Pridmore Christopher
139858

D.O.B. [REDACTED]

ALLERGIES: NKA

Use Second Date 8/15/06

DIAGNOSIS (If Chg'd)

Hep Diag Profile I (058560)
Hep C Antibody Comp RIBA (143991)
UA - routine Dip
AEC BLOK 1 month☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Pridmore, Christopher
139858

D.O.B. [REDACTED]

ALLERGIES: NKA

Use First Date 8/8/06

DIAGNOSIS

Molten 600 mg R TID x 14 days
X-ray h knee☐ GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Pridemore Christopher

#139858

D.O.B. [REDACTED]

ALLERGIES: NKDA

Use Last Date 7/17/06

DIAGNOSIS (If Chg'd)

43 A.c m 1 Month

↑ Insulin 70/30 to 24 units QAM
18 units QPM X 90 days☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Pridmore Christopher
13 9858

D.O.B. [REDACTED]

ALLERGIES:

Use Fourth Date 7/2/06

DIAGNOSIS (If Chg'd)

X-ray (L) Shoulder

Sling (L) Shoulder X 5 days

Tylenol 1 gram t.i.d PRN X 5 days

Work stop X 3 days

V.S. DR. Darbone / Dr. Inganna

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pridemore Christopher

D.O.B. [REDACTED]

ALLERGIES: NKDA

Use Third Date 6/13/06

DIAGNOSIS (If Chg'd) DM I

Please give a Pack of Boots
2 miles 1 pair to keep☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Pridmore Christopher
Pridmore
139858

D.O.B. [REDACTED]

ALLERGIES: NKDA

Use Second Date 6/15/06

DIAGNOSIS (If Chg'd)

Tylenol 1g q.b. BID PRN X 30 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Pridmore Christopher
Pridmore, Christopher
139858

D.O.B. [REDACTED]

ALLERGIES: NKDA

Use First Date 6/19/06

DIAGNOSIS

↑ Insulin 70/30 to 24 units QAM
14 units QPM X 90 days

X-ray R hip

Feldene 20mg i.b. QPM PRN X 14 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: Pridemore Christopher

#139858

DOB [REDACTED]

ALLERGIES: NKA

Use Last

Date

6/5/04

1130

DIAGNOSIS (If Chg'd)

Dilated Retinal Exam

V/O Dr. Darbonne / [Signature]

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pridemore Christopher

#139858

DOB [REDACTED]

ALLERGIES: NKA

Use Fourth

Date

6/02/06

DIAGNOSIS (If Chg'd)

Sliding Scale 201-300 = 2

301-400 = 4

401-500 = 6

> 501 = 8 + call mg

X 90 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pridemore, Christopher

5/17/06 0810

DOB [REDACTED]

ALLERGIES: NKA

Use Third

Date

05/17/06

DIAGNOSIS (If Chg'd)

1) Hgb A1c ~ 10 wks

2) ELISA 325 mg po qd x 150d.

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pridmore, Christopher

139858

DOB [REDACTED]

ALLERGIES: nka

Use Second

Date

5/12/06

DIAGNOSIS (If Chg'd)

Humulin 70/30 20 u/g AM x 180 days

Humulin 70/30 10 u/g PM x 180 days

CC 2 wks - DM

AFC AAA BID x 30 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pridmore, Christopher

139858

DOB [REDACTED]

ALLERGIES:

DIAGNOSIS

Cmp: Chd, Hg BA1c, TSH, Urene 140285

PSA

EKG, CVL

Eye Clones covered

2200 Calorie diabetic diet c snack

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

Use First

Date

5/12/06

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CHRISTOPHER ALLEN PRIDMORE
(AIS #139858),

*

*

Plaintiff,

*

V.

2:06-CV-778-MEF

*

GWENDOLYN MOSLEY, et al.,

*

Defendants.

*

AFFIDAVIT OF JEAN DARBOUZE, M.D.

BEFORE ME, Grace M. Maloy a notary public in and for said County and State, personally appeared **JEAN DARBOUZE, M.D.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of his ability, information, knowledge and belief, as follows:

"My name is Jean Darbouze. I am a medical doctor and am over twenty-one years of age. I have been a licensed physician in Alabama since 1996 and have been board certified in internal medicine since 1997. From February of 2000 through February of 2004, and again from April 16, 2004 through the present, have I served as the Medical Director for Easterling Correctional Facility in Clio, Alabama. Since November 3, 2003, and at all times relevant to this case, my employment as Easterling's Medical Director has been with Prison Health Services, Inc., the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Christopher Pridmore (AIS #139858) is an inmate who has been incarcerated at Easterling Correctional Facility since August 2005. I am familiar with Mr. Pridmore and have been involved with the medical services provided to him at Easterling. In addition, I have reviewed Mr. Pridmore's Complaint in this action as well as his medical records (certified copies of which are being produced to the Court along with this Affidavit).

It is my understanding that Mr. Pridmore has made an allegation in this matter that I failed to provide him with appropriate medical treatment on August 8, 2006 by refusing to provide him with a "bottom bunk" profile for an alleged left knee injury. He also claims that I have failed to treat him appropriately by not providing him with special hydrating soap which he believes is indicated for treatment of his skin due to diabetes. Mr. Pridmore's claims in this regard are completely unfounded as this inmate has been provided appropriate medical care for his conditions at all times.

On August 8, 2006, Mr. Pridmore presented to the infirmary with complaints for left knee pain. At that time, Mr. Pridmore indicated that he injured his left knee in approximately 2001--five years earlier--while working on a farm. He requested a "bottom bunk" profile. I subsequently evaluated Mr. Pridmore and determined that his knee was in good condition. Specifically, there was no deformity, tenderness or pain noted. He had full range of motion with no instability. As a precaution, however, I ordered Mr. Pridmore a left knee x-ray.

Mr. Pridmore's x-ray was conducted on August 9, 2006. The x-ray showed no evidence of fracture or any other significant bony abnormality. Overall, the x-ray represented a negative study. A "bottom bunk" profile is not indicated for treatment of Mr. Pridmore's medical condition. Moreover, Mr. Pridmore is a diabetic. He is routinely

treated and evaluated for this condition. Special hydrating soaps are not medically indicated for Mr. Pridmore's condition. Mr. Pridmore has access to those items necessary to maintain proper hygiene.

Based on my review of Mr. Pridmore's medical records, and on my personal knowledge of the treatment provided to him, it is my opinion that all of his medical conditions and complaints have been evaluated and treated in a timely and appropriate fashion. Mr. Pridmore has been seen and evaluated by the medical or nursing staff, and has been referred to an appropriate care provider and given appropriate care, each time he has registered any health complaints at Easterling Correctional Facility.

At all times, myself and the other healthcare providers at Easterling have exercised the same degree of care, skill, and diligence as other similarly situated health care providers would have exercised under the same or similar circumstances. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

At no time have I or any of the medical or nursing staff at Easterling Correctional Facility denied Mr. Pridmore any needed medical treatment, nor have we ever acted with deliberate indifference to any serious medical need of Mr. Pridmore. At all times, Mr. Pridmore's medical complaints and conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayeth not.



JEAN DARBOUZE, M.D.

STATE OF ALABAMA

)

COUNTY OF Barbour)

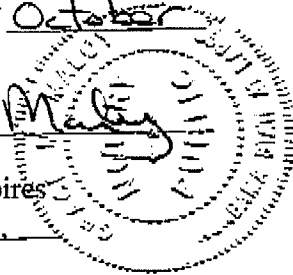
Sworn to and subscribed before me on this the 12th day of October
2006.

Grace M. Maly

Notary Public

My Commission Expires

03/31/07



IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CHRISTOPHER ALLEN PRIDMORE
(AIS #139858),

*

*

Plaintiff,

*

V.

2:06-CV-778-MEF

*

GWENDOLYN MOSLEY, et al.,

*

Defendants.

*

AFFIDAVIT OF KAY WILSON, R.N., H.S.A.

BEFORE ME, Grace M. Maloy a notary public in and for said County and State, personally appeared **KAY WILSON, R.N., H.S.A.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of her ability, information, knowledge and belief, as follows:

"My name is Kay Wilson. I am over the age of twenty-one and am personally familiar with all of the facts set forth in this Affidavit. I have been a licensed, registered nurse in Alabama since 1985. I hold a Bachelor's Degree in nursing from Troy State University. Since 1985, I have practiced nursing in a variety of positions and settings. In particular, I have worked as a nurse at Easterling Correctional Facility in Clio, Alabama, since March of 2001. Since November 3, 2003, I have been employed as the Health Service Administrator (H.S.A.) for Easterling Correctional Facility by Prison Health Services, Inc., the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Prison Health Services, Inc. (PHS) has established a simple three-step procedure for identifying and addressing inmate grievances at Easterling Correctional Facility. If an inmate has a grievance regarding a healthcare issue he must submit to the healthcare unit an "Inmate Request Slip." These are standard forms that may be requested from an inmate's supervising officer in his dormitory. The inmate request slip allows an inmate to communicate any healthcare related concern by placing the request slip in the sick call box or mailbox to be forwarded to the healthcare unit. I subsequently review the request and respond accordingly via in-house mail.

If an inmate is unsatisfied with my response, he may request an "Inmate Grievance" form from the healthcare unit. This form allows an inmate to again voice his concerns relating to the healthcare issue addressed with the inmate request slip. I again respond to the inmate via in-house mail.

If the inmate is still unsatisfied with my response, he may request from the healthcare unit an "Inmate Grievance Appeal" form. This form is again submitted to me and represents the final step of the appeal process. After an inmate submits an inmate grievance appeal, I will meet with the inmate face-to-face in a final attempt to address his concerns verbally.

It is my understanding that Christopher Pridmore has filed suit in this matter alleging that Dr. Darbouze has failed to provide him with appropriate treatment for left knee pain on August 8, 2006. I further understand that Mr. Pridmore claims that he has not received appropriate soap for his diabetic condition. However, Mr. Pridmore has failed to exhaust Easterling's informal grievance procedure relating to the receipt of medical care for this alleged condition. Specifically, as relevant to his Complaint, Mr.

Pridmore has failed to submit any of the documents comprising PHS' informal grievance procedure. As such, the healthcare unit at Easterling has not been afforded the opportunity to resolve Mr. Pridmore's medical complaints prior to filing suit."

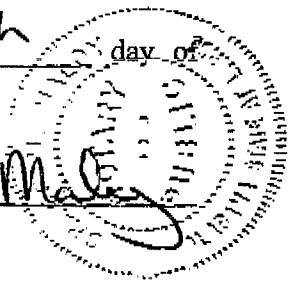
Further affiant sayeth not.

Kay Wilson RN/HSA
KAY WILSON, R.N., H.S.A.

STATE OF ALABAMA)
)
COUNTY OF Barbour)

Sworn to and subscribed before me on this the 17th day of October, 2006.

Shirley M. Maly
Notary Public



My Commission Expires:

03/31/07